2949833402405 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018 ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury

Internal Revenue Service Service Go to www.irs.gov/Form990 for Instructions and the latest information.								Inspection					
A For the	2018 calend	ar year, or tax year beginning		2018, 8	and ending				, 20				
	C Nam	e of organization AMERICAN I	SYCHOLOGICAL ASSOC	ITAI	ON, INC.	D	D Employer identification number						
B Check if appl	GR(OUP RETURN		54-1572590									
Address		business as											
Name ci	Nicon	ber and street (or P O box if mail is	not delivered to street address)	1	Room/suite	E	Telephone nu	ımber					
Initial re	10 75 (FIRST STREET NE					202) 33	6 - 5	500				
Finel ret		or town, state or province, country,	and ZIP or foreign postal code				· · · · · · · · · · · · · · · · · · ·						
Amenda		SHINGTON, DC 20002				G	Gross receipt	s \$	11,399,789.				
Applicat	tion F Name	e and address of principal officer	ARCHIE L. TURNER		~		(a) Is this a gro	up retu	<u>_</u>				
pending		ME AS "C" ABOVE			A2	_ _#	subordinates (b) Are all subord						
I Tax-exer	mpt status	X 501(c)(3) 501(c)() 	7(a)(1) o	, 0527	≠ ⊣"			list (see instructions)				
		S://WWW.APA.ORG/ABO		1	· 1 1027	μ	(C) Group exem		2252				
			Association Other	1	L Year of f				of legal domicile				
Part I	Summary		Addiciation Outer	1	L Tear of t	omation	1.101	Otate	or regar detribute				
		be the organization's mission o	r most significant enturber. ST	IPPOR'	T AND EN	COLLEX	AGE THE	EDII	CATTON				
		'IC STUDY, HUMAN WEI							<u> </u>				
		ATION AND THE ADVAN					INFS		· · · · · · · · · · · · · · · · · · ·				
E) -	· · · · · · · · · · · · · · · · · · ·												
9 2 0	Check this bo		liscontinued its operations or o					1 1	349.				
0 3 N		ting members of the governing						3	349.				
4 N		dependent voting members of t						4	0.				
		of individuals employed in cale	,					5					
5 6 T		of volunteers (estimate if neces	,, , , , , , , , , , , , ,					6	2,592.				
1 10 1		ed business revenue from Part V		٠			• • • • •	7a	1,035.				
b N	let unrelated	business taxable income from-	Form 990 T Trop-38 VED .	· · } ·				7b					
			RLULIVE	121	-		Prior Year		Current Year				
୍ଞ୍ 8 C		and grants (Part VIII, line 1h)	÷ · · · · · · · · · · · · · · · · · · ·	181.			1,993,18		1,904,101.				
ੁੱਉ 9 P	Program serv	ice revenue (Part VIII, line 2g)	<u> ಜ.</u> [NOV. 2 1 . 2019 .	1001			1,751,80		1,264,741.				
_த்∤10 lr	nvestment in			802,73	857,860.								
11 C		e (Part VIII, column (A), lines 5		\cdots			2,831,31		3,115,297.				
12 T	otal revenue	- add lines 8 through 11 (must	equal Rativill bolumh (A) line	e 12) - J	<u> </u>		7,379,03	55.	7,141,999.				
13 G	Grants and si	milar amounts paid (Part IX, coli	mr (A), lines 1-3)		.` <u>L</u>		220,88	31.	364,569.				
14 B	Benefits paid	to or for members (Part IX, colu	mn (A), line 4)		<u>L</u>			0.	0.				
ဖွ 15 S	Salaries, othe	er compensation, employee bene	efits (Part IX, column (A), lines !	5-10)	[0.	0.				
16 a P	Professional f	fundraising fees (Part IX, column	n (A), line 11e)		[0.	. 0.				
🖁 ьт		sing expenses (Part IX, column (_	,960.									
17 C	Other expens	es (Part IX, column (A), lines 11	a-11d, 11f-24e)		[(6,031,52	23.	5,902,760.				
		es Add lines 13-17 (must equal				(6,252,40	4.	6,267,329.				
19 R	Revenue less	expenses Subtract line 18 from	n line 12				1,126,63	11.	874,670.				
98						Beginnir	ng of Current	Year	End of Year				
왕 <u>투</u> 20 T	fotal assets (Part X, line 16)				2	6,645,32	24.	25,919,021.				
8 21 T		s (Part X, line 26)			[1,455,50	2.	1,235,904.				
5 E		fund balances Subtract line 21				2.	5,189,82	22.	24,683,117.				
Part II	Signature												
Under pena		, I declare that I have examined th						f my l	knowledge and belief, it is				
true, correct	t, and complete	Declaration of preparer (other than	n officer) is based on all information	n of which	h preparer has	any knov	Medge	_					
1	V () V	a hie of Tur	MY				11	'/l	3//9				
Sign	Signatur	e of officer					Date	-	1				
Here	▲ ARCHI	E L. TURNER	coc)/CFO	ı								
	Type or	print name and title											
	Print/Type pre	parer's name	Preparer's signature		Date		Check	If F	PTIN				
Paid	JACOB C	OOK	()		11/12/	2019	self-employ	/ed	P01240455				
Preparer	Firm's name	▶BDO USA, LLP	7				im's EiN ▶ 1						
		▶8401 GREENSBORO D	RIVE. #800 MCLEAN	VA 3	22102	-			893-0600				
		this return with the prepare				1 1	HOIE HO		1,01				
		ion Act Notice see the senaral				• • • •	• • • • • •		. X Yes No				

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_	m \$90 (2018) Page 2
Р	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
•	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O
*	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 2,086,538 including grants of \$) (Revenue \$ 779,475)
	ANNUAL CONVENTION, DIVISIONAL MEETINGS, AND OTHER EVENTS -
	ACTIVITIES INCLUDE ATTENDANCE AND PLANNED ACTIVITIES AT THE ANNUAL
	CONVENTION, AS WELL AS, VARIOUS DIVISION MEETINGS, WORKSHOPS,
	CONTINUING EDUCATION, AND OTHER EVENTS THROUGHOUT THE YEAR
	COVERING VARIOUS EDUCATIONAL AND SCIENTIFIC TOPICS IN PSYCHOLOGY.
<u>/h</u>	(Code) (Expenses \$ 855,519 including grants of \$) (Revenue \$ 952,677)
712	PUBLICATIONS (JOURNALS, NEWSLETTERS, ETC.) -
	THE PREPARATION AND DISSEMINATION OF JOURNALS AND NEWSLETTERS IN
	VARIOUS PSYCHOLOGY DISCIPLINES TO INFORM MEMBERS AND OTHER
	PSYCHOLOGY PROFESSIONALS ON PSYCHOLOGY ISSUES.
40	/Codo \/Evoppos \$
40	(Code) (Expenses \$705,573 including grants of \$364,569) (Revenue \$) AWARDS AND GRANTS -
	VARIOUS AWARD PRESENTATIONS AND GRANTS TO FUND VARIOUS RESEARCH
	PROJECTS IN PSYCHOLOGY.
_	
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ 242,718 including grants of \$) (Revenue \$ 18,790)
40	Total program service expenses > 3,890,348.

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Form **990** (2018)

Part	IV Checklist of Required Schedules			-9
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			.,
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			.,
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	المما		х
А	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' ''-		
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	_		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2018)

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Part	Checklist of Required Schedules (continued)			
,	Del the construction and the def 000 for the state of the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	20	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		:	
		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
а	to defease any tax-exempt bonds?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	 		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	26		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	{		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
	reportable gaming (gambling) winnings to prize winners?	1c	990	(2018)
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	í l		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country]
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)]
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
-	solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	• •			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		X
L	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			х
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	 		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	- -		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			اــــا
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans]		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		•	
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			1
		Form	990	(2018)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	ın Schedule O	See in	struc	tions
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 349			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 349			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	•			اــــــا
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or un		,	х	
	supervision of officers, directors, or trustees, or key employees to a management company or other		3 4	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill		5		х
5 6	Did the organization become aware during the year of a significant diversion of the organization's a Did the organization have members or stockholders?		6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to el				
	one or more members of the governing body?		7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following	,			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	be reached at	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Inte)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat could give			
	rise to conflicts?		12b	_X	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the per-	•			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review an				
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation		15a		J
a	The organization's CEO, Executive Director, or top management official		15b		X
b	Other officers or key employees of the organization		.55		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
104	with a taxable entity during the year?	_	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization is				ł
-	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?	<u> </u>	16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable in the control of the control	oly	(Sec	tion 5	01(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year	s, conflict of inte	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's tapa financial service office 750 first street ne washington, DC 20002 (202) 336-5500	ooks and record	s ►		
	APA FINANCIAL SERVICE OFFICE /50 FIRST STREET NE WASHINGTON, DC 20002 (202)336-5500				
			Form	990	(2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
		(C)								
(A)	(B)	Position	(D)	(E)	(F)					
Name and Title	Average	(do not check more than one	Reportable	Reportable	Estimated					

(A)	(B)	- I						(D)	(E)	(F)
Name and Title	Average	- I						Reportable	Estimated	
	hours per week (list any		box, unless person is officer and a director/					compensation from	compensation from related	amount of other
	hours for		г _ т				Ĺ	the	organizations	compensation
	related	Individual trustee or director	nstitutional	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	fual	tion	~	nplo	st co yee	ä	(W-2/1099-WISC)		organization and related
	tine)	trust	al trust		yee	mpe				organizations
		e	stee			nsa				
	<u> </u>					led				
(1)ALEX RUTHERFORD	5.00									
D01-PRESIDENT AS OF 8/18	0.	х		х				٥.	ο.	ο.
(2) IRENE FRIEZE	2.00							<u> </u>		
D01-PAST-PRESIDENT THRU 7/18	0.	х		х				ο.	0.	ο.
(3)DEBORAH JOHNSON	2.00									
D01-PAST-PRESIDENT AS OF 8/18	0.	х		x				0.	0.	0.
(4)LISA OSBECK	2.00									· · · · ·
D01-PRESIDENT-ELECT AS OF 8/18	0.	Х		х				0.	0.	0.
(5)KASEY POWERS	2.00									
D01-SECRETARY AS OF 8/18	0.	x		Х				0.	0.	0.
(6)DAVID DEVONIS	2.00									
D01-TREASURER	0.	Х		Х				0.	0.	0.
(7)MINDY ERCHULL	2.00	_								
D01-COUNCIL REPRESENTATIVE	0.	Х						0.	0.	0.
(8)MARK SCIUTTO	2.00]								
D01-MEMBER-AT-LARGE AS OF 8/18	0.	Х					L	0.	0.	0.
(9)CLARE MEHTA	2.00									
D01-MEMBER-AT-LARGE AS OF 8/18	0.	Х						0.	0.	0.
(10)ALICIA TROTMAN	2.00									
D01-MEMBER-AT-LARGE EC	0.	Х						0.	0.	0.
(11)JOHN HOGAN	1.00		ll							
D01-HISTORIAN	0.	Х	\sqcup					0.	0.	0.
(12)GERIANNE ALEXANDER	5.00	_								
D01-JOURNAL EDITOR	0.	X			<u> </u>		<u></u>	0.	0.	0.
(13)KELLI VAUGHN-JOHNSON	2.00									
DO1-NEWSLETTER EDTR AS OF 8/18	0.	Х			<u></u>			0.	0.	0.
(14)CHARLENE CHESTER	2.00						İ			
D01-EARLY CAREER REP	0.	Х	1		l	I	ſ	l 0.	0.	0.

Form 990 (2018)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
Name and title	(B) Average hours per week (list any hours for	(do r box, office	not ch unles	Pos neck ss pe	c) sition more erson tirect	e than c is both or/trust	one an lee)	(D) Reportable compensation from the	(E) Reportal compensation related organizat	ole in from i ons	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
(15) IAN DAVIDSON	2.00								· -		
D01-STUDENT REPRESENTATIVE (16) PHYLLIS WENTWORTH	2.00	Х			_		-	0.		0.	0.
D01-AWARDS COORDNTR AS OF 8/18	0.	x						0.		0.	0.
(17) SUSAN FRANTZ	20.00		\vdash				-				<u> </u>
D02-PRESIDENT	0.	х		Х				8,000.		Ο.	0.
(18) STEPHANIE AFFUL	10.00										
D02-SECRETARY	0.	Х		Х				0.		0.	0.
19) JEFFREY HOLMES	10.00										
D02-TREASURER 20) KENNETH KEITH	0.	X		Х			_	4,000.		0.	0.
D02-PAST PRESIDENT	10.00	X		х						_	•
(21) RICHARD MILLER	10.00	_^		Λ.				0.		0.	0.
D02-PRESIDENT-ELECT	0.	x		Х				4,000.		0.	0.
22) MEERA KOMARRAJU	10.00										
D02-VP FOR MEMBERSHIP	0.	х						0.		Ο.	0.
23) AMY FINEBURG	10.00										
D02-VP FOR RECOGNITION & AWARD	0.	Х						0.		0.	0.
24) SUSAN NOLAN	10.00									- 1	
D02-VP FOR DIV & INT'L RELTNS 25) ANGELA LEGG	0.	X					<u> </u>	0.		0.	0.
D02-VP FOR PROGRAMMING	10.00	x						0.		0.	0.
1b Sub-total					l	l	_	0.		0.	0.
c Total from continuation sheets to Part VII, S	ection A	• • •	• •	• •	• •			136,000.		0.	0.
d Total (add lines 1b and 1c)							•	136,000.	-	0.	0.
2 Total number of individuals (including but not	limited to the	hose	liste				о ге	ceived more than	\$100,000 c	f	
reportable compensation from the organization	n ▶	0.									- Iv I v
3 Did the organization list any former office	or directo		6		_	بحا		Javaa as biabaa			Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	er, airecto ule J for suc	r, or ch ind	ıru <i>ıvıdı</i>	iste Jal	е,	кеу є	∍mp	oloyee, or nignes:	t compensa	ated	3 X
4 For any individual listed on line 1a, is the											
organization and related organizations gre											
ındıvıdual											4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or individ	dual	
for services rendered to the organization? If "You Section B. Independent Contractors	es," comple	te Scr	iedu	le J	for	such	per	son	<u> </u>	• •	5 X
Complete this table for your five highest com	nensated ii	ndene		nt i	con	tracto	re t	hat received more	than \$100	000 0	of
compensation from the organization Report of year											
(A) Name and business add	trass					_		(B) Description of se	NT (1000		(C)
ATTACHMENT 1							╁	Description of se	ivices		Compensation
							t				
							Ī				
							$oxed{\Box}$				
2 Total number of independent contractors (ii more than \$100,000 in compensation from th	ncluding bu e organizat	ut not :ion ▶	: lım ►	nte		thos	se li	isted above) who	received		A

Daga	R

Part VII Section A. Officers, Directors, Tre	i	y Em	ıplo			and F	łig	1		ees (d		
· (A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	s pe d a d	ition more rson lirect	than o	an ee)	(D) Reportable compensation from the	compensatio related	Reportable compensation from related organizations W-2/1099-MISC)	(F) Estimated amount of other compensatio	on
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from the organization and related organization	on d
26) WILLIAM ALTMAN	10.00											_
D02-VP FOR RESOURCES 27) GARY VANDENBOS	5.00	X			<u>L</u> .			0.		0.		0
D12-PRESIDENT		x		х				0.		0.		С
28) JONATHAN COMER	6.00				_							
D12-PRESIDENT-ELECT/TCP EDITOR	0.	Х	<u> </u>	Х				0.		0.		
29) MICHAEL OTTO	1.00	٠										_
D12-PAST-PRESIDENT 30) DEBORAH DRABICK	2.00	X		Х		<u> </u>		0.		0.		
D12-SECRETARY	7.00	x		Х				0.		0.		C
31) JONATHAN WEINAND	5.00					_		ļ	 			_
D12-TREASURER	0.	х		х				0.		0.		C
32) MARK SOBELL	1.00										-	
D12-COUNCIL REP	0.	Х						0.		0.		(
33) DANNY WEDDING	1.00	4								0		,
D12-COUNCIL REP 34) GUILLERMO BERNAL	1.00	Х			-		<u> </u>	0.		0.		
D12-COUNCIL REP	f0.	x					ļ	0.	İ	0.		(
35) KENNETH SHER	1.00	 	_				-					
D12-COUNCIL REP	0.	х						0.		0.	•	C
36) VICTOR MOLINARI	1.00											
D12-SECTION 2 REP	0.	Х		L				0.		0.		
to Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c)	<u></u> .						> re	eceived more than	\$100,000,0			
reportable compensation from the organization		0								·	Yes	N
3 Did the organization list any former office	cer, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensa	ated		
employee on line 1a? If "Yes," complete Sched											3	Х
4 For any individual listed on line 1a, is the organization and related organizations gr												
individual											4	X
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	es," comple	te Scl	nedu	ıle J	l for	such	per	rson		<u></u>	5	X
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report of year.												
(A) Name and business ad	dress							(B) Description of se	ervices		(C) Compensation	
						_	-					
							+					
2 Total number of independent contractors (i												

Page	8
	_

	` (A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson Irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		other compensation from the		of ion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	org: and	om the anizatio d relate anizatio	on d
37)	BOB KLEPAC D12-SECTION 3 REP	1.00	х						0.		0.			0
38)	KALYANI GOPAL D12-SECTION 4 REP	1.00	х						0.	-	0.			0
39)	VINCENZO TERAN	1.00							0.		0.			
4.0\	D12-SECTION 6 REP	0.	Х						0.		0.			0
40)	ANDERS GORANSON D12-SECTION 7 REP	1.00	X						ο.		٥.			0
41)	DONNA LAPAGLIA	1.00												<u>`</u>
	D12-SECTION 8 REP	0.	Х		_				0.		0.			0
42)	PAUL ARBISI D12-SECTION 9 REP	1.00	X						0.		0.			0
43)	NATALIA POTAPOVA	1.00							· · · · · · · · · · · · · · · · · · ·					<u>_</u>
	D12-SECTION 10 REP	0.	Х						0.		0.			0
44)	KIM PENBERTHY	1.00												_
45)	D12-MEMBER-AT-LARGE A. DALE THOMPSON, PHD	20.00	X	-	┝	_			0.		0.			
	D13-PRESIDENT AS OF 2/18	0.	х		x				o.		0.			C
46)	WILLIAM H. BERMAN, PHD	5.00												
47)	D13-PRESIDENT-ELECT AS OF 2/18	0. 5.00	Х		Х				0.		0.			0
	GREGORY PENNINGTON, PHD D13-PAST PRESIDENT THRU 2/18	0.	x		X				٥.		0.			0
c _d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	ection A .	• • •	 Iste				o re	ceived more than	\$100,000 o	f			
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes	N.
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	007) If	"Yes	3,"	complete Schedu	le J for s	uch	4		x
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satı	on '	fron	any	un	related organization	on or individ	dual	5		x
Se	ction B. Independent Contractors										· · · · ·			
1	Complete this table for your five highest comcompensation from the organization Report of year													
	(A) Name and business add	lress							(B) Description of se	ervices	С	(C) compen		
								+						
								-						
	Total number of independent contractors (in	ncluding bi	ut no	t lın	nite	d to	thos	L e l	sted above) who	received				

· /A)	·	ŗ	•					hest Compensat		 (
` (A) Name and title	(B)			•	C)			(D)	(E)	_	(F)
waine and tide	Average hours per week (list any	box,	unles	heck ss pe	rson	e than o	an	Reportable compensation from	Reportable compensation related		Estimated amount of other
	hours for related organizations below dotted line)	fill Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated	ee) Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-M		compensation from the organization and related organizations
48) DEE R. RAMSEL D13-PAST PRESIDENT AS OF 2/	5.00	х		х				0.		0.	0
49) JANE FLOYD, PSYD	5.00				_						
D13-SECRETARY AS OF 2/18 50) BRIAN A. BUFORD, PHD	10.00	Х		Х				0.		0.	0
D13-TREASURER THRU 2/18 51) BRYNN FREEMAN, PHD	10.00	х		х	<u> </u>		<u> </u>	0.		0.	0
D13-TREASURER AS OF 2/18	0.	х		х				0.		0.	0
52) VICKI VANDAVEER, PHD D13-COUNCIL REPRESENTATIVE	5.00	х						0.		0.	0
53) RANDALL P. WHITE, PHD	5.00							<u> </u>		<u> </u>	
D13-COUNCIL REPRESENTATIVE 54) CAROLYN HUMPHREY	5.00	X						0.		0.	0
D13-LEADER EXT REL AS OF 2/	18 0.	х						0.		0.	0
55) MICHELLE A. DOWNEY, PSYD D13-DOMAIN LEADER COMMUNITY	5.00	x						0.		0.	0
56) SCOTT SERVISS, PSYD	5.00	.,						_			
D13-DOM LEADER EDUC AS OF 2 57) MELANIE KISNER, PHD	5.00	Х						0.		0.	0
D13-DOM LDR EDUC AS THRU 2/ 58) LARRY NORTON, PHD	18 0. 5.00	х						0.		0.	0
D13-DOM LDR RESRCH AS OF 2/	+	х						0.		0.	0
to Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c) Total number of individuals (including bu	VII, Section A	hose	 Iiste	 			o re	eceived more than	\$100,000 of		
3 Did the organization list any former employee on line 1a? If "Yes," complete S	officer, directo	or, or	tru	uste ual	e,	key e	emp	oloyee, or highes	t compensat	ed .	Yes No
4 For any individual listed on line 1a, is organization and related organization individual	s greater than	\$15 	50,0 • •	 003	. <i>If</i>	"Yes	5,"	complete Schedu	le J for su	ch •	4 X
5 Did any person listed on line 1a receiptor services rendered to the organization? Section B. Independent Contractors	? If "Yes," comple	mpen te Scl	sati nedu	on ile J	for	such	un per	rson	on or individu	. <u>. </u>	5 X
Complete this table for your five highest compensation from the organization Reyear											
(A) Name and busine	ess address							(B) Description of se	ervices	C	(C) Compensation
							-				
			-				+				

_	m 990 (2018) art VII Section A. Officers, Directors, Tru	ustees. Ke	ev En	npk		es.	and !	Hia	hest Compensa	ted Emplo	vees (c	Page (
	(A) Name and title	(B) Average hours per week (list any hours for	(do n	not ch , unles	Posi check ess per	(C) sition k more erson direct	n re than or n is both a ctor/truste	one n an stee)	(D) Reportable compensation from the	(E) Reporta compensation relate organizati	able ion from ed	(F) Estimated amount of other compensation
		related organizations below dotted line)	160 0	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
) KENNETH M. NOWACK D13-DOM LDR RESRCH THRU 7/18	5.00	х		х				0.		0.	0
) GALE SINATRA D15-PRESIDENT AS OF 8/18	35.00	х		х				0.		0.	0
	D15-PAST PRESIDENT AS OF 8/18	15.00	x	<u> </u>	х			<u> </u>	0.		0.	0
	D15-PAST PRESIDENT THRU 8/18	15.00	х	ļ ,	х	-	<u> </u>	<u> </u>	0.		0.	0
·:) HELENROSE FIVES D15-PRESIDENT-ELECT AS OF 8/18) SCOTT MARLEY	4.00 0. 8.00	х	<u> </u>	х	_	<u> </u>	<u> </u>	0.		0.	0
·	D15-SECRETARY THRU 8/18) RAVETHY KUMAR	0.	х	<u> </u>	Х	+-	<u> </u>	<u> </u>	0.		0.	0
	D15-SECRETARY AS OF 8/18) BEVERLY FAIRCLOTH	0.	х	-	Х			-	0.		0.	0
	D15-TREASURER) AVI KAPLAN	0.	x	<u> '</u>	х	-		-	0.	-	0.	0
(68)	D15-REP TO APA COUNCIL) SHARON NICHOLS	0. 2.00	_		-		-		0.		0.	0
(69)	D15-REP TO APA COUNCIL) DELEON GRAY D15-MEMBER AT LARGE THRU 8/18	0. 1.00		1	-				0.		0.	0
	o Sub-total c Total from continuation sheets to Part VII, Sed d Total (add lines 1b and 1c) Total number of individuals (including but not left)	Section A	those	liste	• •			b b o re	•			
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	cer, directo	0 . or, or ich ind	r tru	uste dual	— ∍e,	key (emt	ployee, or highes	st compens	sated	Yes No
4 5	organization and related organizations greand individual	eater than	n \$15	50,0 • •	 000?	? If	f "Yes	·	complete Schedu	ule J for	such • • •	4 X
	for services rendered to the organization? If "Ye ection B. Independent Contractors											5 X
	Complete this table for your five highest com compensation from the organization Report c year	pensated ii compensati	ndepe	ende r the	ent e	con alen	tracto dar ye	ors t	that received more ending with or wit	e than \$100 hin the orga	0,000 o anizatio	of n's tax
	(A) Name and business add	dress						$\prod_{i=1}^{n}$	(B) Description of se	ervices	С	(C) Compensation
_				<u> </u>	_	<u> </u>		+				-
_			<u> </u>	<u> </u>	<u>—</u>	<u>—</u>	<u> </u>	‡				
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nıte	d to	o thos	se I	listed above) who	received		

Ρ.	art VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	ıplo	ye	es,	and I	ligl	hest Compensat	ed Employe	es (c	ontinuec	1)
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	than o	an	(D) Reportable compensation from	(E) Reportable compensation related		Esti amo	(F) mated ount of ther
		hours for related organizations below dotted line)	official individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	e Former	the organization (W-2/1099-MISC)	organızatıor (W-2/1099-Mi		fror orgai and	ensation m the nization related nizations
70) CYNTHIA HUDLEY D15-MEMBER AT LARGE THRU 8/18	1.00	х						0.		0.		0 .
(71) TIM URDAN D15-MEMBER AT LARGE AS OF 8/18	1.00	х						0.	_	0.		0.
(72) MEGHAN ECKER-LYSTER D15-MEMBER AT LARGE AS OF 8/18	1.00	х						0.		0.		0 .
(73) CATHERINE FIORELLO D16-PRESIDENT	10.00	Х		х				0.		0.		0.
74) LEA THEODORE D16-PAST PRESIDENT	5.00	x						0.				
(75) MELISSA BRAY D16-PRESIDENT ELECT	5.00			X						0.		0
(76) PRERNA AURORA	5.00	X		X				0.		0.		0.
(77	D16-SECRETARY) CYNTHIA RICCIO	5.00	X	-	X				0.		0.		0.
(78	D16-TREASURER) DAVID HULAC	0. 5.00	Х		Х				0.		0.		0 .
(79	D16-VP-MEMBERSHIP) JANINE JONES	0. 5.00	Х						0.		0.		0
(80	D16-VP-PROFESSIONAL AFFAIRS) RIK D'AMATO D16-VP-CONVENTION & PUBLIC REL	0. 5.00	X						0.		0.		0
	Sub-total C Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c) Total number of individuals (including but not l	<u> </u>						► ► •	eceived more than	\$100,000 of			
	reportable compensation from the organization		0 .									—	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ind	tru 'ividi	uste ual	e, I	key e	emp	oloyee, or highes	t compensate	ed	3	Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	50,0	003) If	"Yes	,"	complete Schedu	le J for su	ch	4	Х
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor es," comple	mpen te Scl	satı nedu	on 1 <i>ile</i> J	from <i>I for</i>	n any such	un <i>per</i>	related organization	on or individu	al	5	X
	Complete this table for your five highest com- compensation from the organization. Report compear	pensated ii ompensatio	ndepe	 ende	ent (cont	tracto lar ye	rs t ar e	that received more	than \$100,0	00 oʻzatior	f n's tax	
_	(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompensa	ation
_													
				<u> </u>	<u>—</u>	<u></u>		_					
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to	thos	e li	isted above) who	received			

	Part VII Section A. Officers, Directors, Tru (A)	(B)	_	-		C)			(D)	(E)			(F)
	Name and title	Average				o, sition			Reportable	Reportabl	e		timated
		hours per			heck	mor	e than c		compensation	compensation		1	ount of
		week (list any					ıs both tor/trusl		from	related		1	other
		hours for related		T = 1					the	organizatio (W-2/1099-M			pensation om the
		organizations	효합	st l	Officer	y er	ng ghe	Former	organization (W-2/1099-MISC)	(VV-2/1099-IV	1130)		nızatıon
		below dotted	ct dual	ţ		Key employee	st co	٦	,			1	related
		line)	Individual trustee or director	Institutional trust		yee	ğ					orga	nizations
			lee	stee			Highest compensated employee						
,							<u>e</u>						
l	81) MICHELLE PERFECT D16-VP-PUBLICATIONS	5.00	,,										•
,	82) M. FRANCIS CREPEAU-HOBSON	0. 5.00	X	Н				-	0.	_	0.	├──	0
`	D16-VP-ETSA	0.	x						0.		Ο.		0
(83) YADIRA SANCHEZ	5.00		Н	 				0.			 -	
`	D16-VP-SEREMA	0.	x						0.		Ο.	l	0
,	84) SAMUEL SONG	5.00	^	$\vdash\vdash$				-	0.		- 0.	-	
`	D16-COUNCIL REPRESENTATIVE	0.	X						0.		0.		0
,	85) TAMMY HUGHES	5.00		$\vdash\vdash$	 	-		-	0.			├──	0
•	D16-COUNCIL REPRESENTATIVE		X								0		0
,	86) BONNIE NASTASI	0. 5.00						_	0.		0.		0
(D16-COUNCIL REPRESENTATIVE		x								0		0
,	87) RUTH FASSINGER	20.00	<u> </u>	$\vdash\vdash$	_			<u> </u>	0.		0.	 	0
١	D17-PRESIDENT AS OF 8/18										•		0
,	88) MARTIN HEESACKER	0.	X	Н	Х				0.		0.	├──	0
•		15.00				l					^		•
,	D17-PAST PRESIDENT THRU 8/18	0.	Х		X	_			0.		0.	<u> </u>	0
(89) ARPANA INMAN	15.00	ļ "		,,		1				_		_
,	D17-PAST PRESIDENT AS OF 8/18	0.	Х	Ш	Х	<u> </u>	<u> </u>	<u> </u>	0.		0.	<u> </u>	0
(90) ANNELIESE SINGH	15.00			i				_				
,	D17-PRESIDENT ELECT AS OF 8/18	0.	Х	Ш	Х	<u> </u>			0.		0.	<u> </u>	0
(91) AMY REYNOLDS	10.00					1						
	D17-SECRETARY	0.	Х		Х		L		0.		0.		0
	1b Sub-total												
	c Total from continuation sheets to Part VII, S												
	d Total (add lines 1b and 1c)							•					
	2 Total number of individuals (including but not				d al	bov	e) wh	o re	eceived more than	\$100,000 of			
	reportable compensation from the organization		0										Vaa Na
	2. Did the executation but any facility office					_	1						Yes No
	3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedi	er, directo	or, or chand	tru iwadi	uste	e,	кеу е	emp	ployee, or nignes	compensa	ea	3	x
	4 For any individual listed on line 1a, is the												
	organization and related organizations greated individual											4	
												4	
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on i	tron	n any	un	related organization	on or individ	ual		$- _{\overline{x}}$
	Section B. Independent Contractors	es, compre	16 301	ieuu	iie J	101	Sucii	pei	5011		<u>·</u>	5	
	Complete this table for your five highest com	nensated u	ndene		ant i	con	tracto	re t	hat received more	than \$100 i	000 4		
	compensation from the organization Report of												
	year	·					•		J	J			
	(A)								(B)			(C)	
	Name and business add	Iress							Description of se	rvices	(Compens	ation
								L					
								1.					
								+					
	2. Total number of independent against the first		.4			ء لہ	. Al						
	2 Total number of independent contractors (in more than \$100,000 in compensation from th				ше	u IC	, inos	e i	isted above) who	received			

	rt VII Section A. Officers, Directors, Tru (A)	(B)			((C)			(D)	(E)		(F)
	Name and title	Average hours per week (list any hours for	box, office	untes r and	Pos heck ss pe d a d	more more rson lirect	than o	an ee)	Reportable compensation from the	Reportab compensation related organization	n from	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		from the organization and related organizations
92)	SUSAN KASHUBECK-WEST D17-TREASURER	10.00	х		х				0.		0.	
93)	DOROTHY ESPELAGE	10.00										
94)	D17-VP, SCIENTIFIC AFFAIRS CIRLEEN DEBLAERE	10.00	Х						0.		0.	
	D17-VP, DIVERSITY & PUBLIC INT	0.	х						0.		0.	
95)	MICHAEL SCHEEL D17-VP, EDUCATION & TRAINING	10.00	х						0.		0.	
96)	SHERYL BENTON	10.00										
97)	D17-VP, PROFESSIONAL PRACTICE LISA FERDINAND	0. 10.00	Х						0.		0.	
<u> </u>	D17-VP, PROFESSIONAL PRACTICE	0.	Х	_		<u> </u>			0.		0.	
98)	D17-VP, COMMUNICATION	10.00	х						0.		0.	
99)	AYSE CIFTCI	10.00		_		_						
	D17-VP, INTERNATIONAL AFFAIRS	0.	Х			L			0.		0.	
00)	Y. BARRY CHUNG D17-COUNCIL REPRESENTATIVE	10.00	х						0.		0.	
01)	BRYANA FRENCH	10.00		_					0.		0.	
	D17-COUNCIL REPRESENTATIVE AS	0.	х						0.		0.	
02)	CANDACE CROWELL HARGONS D17-COUNCIL REPRESENTATIVE THR	10.00	x						0.		0.	
d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	imited to the	hose	 liste				> re	eceived more than	\$100,000 o	f	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru	uste ual	e,	key e	emp	oloyee, or highes	t compensa	ted	Yes 3
4	For any individual listed on line 1a, is the sorganization and related organizations grandividual	eater than	\$15 	0,0 • •	 00?	' <i>If</i>	"Yes	;," • •	complete Schedu	le J for s	uch • •	4
5 Se	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye ction B. Independent Contractors	accrue con e <u>s," comple</u>	mpen te Sch	satı nedu	on 1 <i>ile J</i>	fron <i>for</i>	n any such	un <i>per</i>	related organization	on or individ	ual 	5
	Complete this table for your five highest comcompensation from the organization. Report of year	pensated ii ompensati	ndepe	ende the	ent o	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$100, nin the organ	000 o nzatioi	f n's tax
	(A) Name and business add	lress							(B) Description of se	ervices	С	(C) ompensation
								+				

	` (A)	(B)				C)			hest Compensate	(E)		(F)
	Name and title	Average				sition		,	Reportable	Reportab	ole	Estimated
	· · · · · · · · · · · · · · · · · · ·	hours per	(do r				e than o	ب ne ا	compensation	compensatio		amount of
	'	week (list any					is both		from	related		other
	'	hours for		T = T			lor/truste		the	organizati	ons	compensation
	'	related		nst I	Officer	Key employee		Former	organization	(W-2/1099-I	MISC)	from the
	'	organizations below dotted	lec jd '	<u>E</u> 1	l _e	em	lest	l ed '	(W-2/1099-MISC)	1		organization
	'	line)	[학교	l ag l	1 '	탕	e g	1 '	1	1		and related organizations
	'	',	Individual trustee or director	= 1	1	yee !	i g	1 '	1	1		organizations
	· ·	1	ee '	nstitutional trustee	1	1	Highest compensal employee	1 '] '			I
	1	1	'	0 1	1 '	1	ated	1 '				
103)	ASHLEY RANDALL	10.00							1			
	D17-COUNCIL REPRESENTATIVE AS	0.	x		[]		į 1	1 '	0.		0.	0
04)	MELANIE LANTZ	10.00	_	\vdash				\Box				
·	D17-EARLY CAREER PROFS COMM CH	10.	x		1	1	[]	1 '	0.		0.	0
05)	ALLIE MINIERI			\vdash	\vdash	\vdash	 -	\vdash	 	 		<u>~</u>
7021		10.00	-l I		1	1	[]	1 '	1		_	1
	D17-EARLY CAREER PROFS COMM CH	0.	X	oxdot	\square'	\square		<u></u>	0.	L	0.	0
106)	ASHLEY SCHOENER	10.00	['					<u> </u>	'			
	D17-SAS REPRESENTATIVE	70.	x		1 1	1	[]	1 '	0.		0.	0
07)	SAM COLBERT	10.00	-	\longrightarrow	$\overline{}$	 		\square	 			
	D17-SAS REPRESENTATIVE	+	- 1		1	1	1	1 '	1		_	,
1		0.	X	ᆜ	μ	\sqcup	igspace	<u></u>	0.		0.	0
T08)	MARK STAAL	5.00	- 1		[]	1	[]	1 '	1		ĺ	I
	D19-PRESIDENT	0.	7 x		x	1	()	1 '	0.		0.	0
1.09)	STEPHEN BOWLES	5.00	. —	\vdash					 			
	D19-PRESIDENT ELECT	10.	-l I		1,1	1 1	(1	1 '	1		۱ م	1
\			X	+	X	\vdash	لــــــــ	 '	0.1		0.	0
110)	SALLY HARVEY	5.00] '		1 1	1	1	1 '	1	1		I
_	D19-PAST PRESIDENT	0.	x		x		(-1)	1 '	0.		0.	0
11)	NATE AINSPAN	3.00		 					 			
-=	D19-SECRETARY	+	- 1	1	,	1	()		1	1	n	1
- 1		0.	X	$oldsymbol{\perp}$	X	₩	ـــــا	Щ,	0.		0.	0
L12)	SCOTT JOHNSTON	3.00	-		1	1	()	[]			-	I
_	D19-TREASURER	0.	Х	_1	х	1 2	1 _!	1 2	0.	_	0.	0
113)	PAUL BARTONE	1.00	_	\vdash					 	 		
	D19-MEMBER AT LARGE	1.00	$ \mathbf{x} $		-	1 1	[]	-	0.		0.	ı o
- 4.			1 4	لــــا	Щ	ب	لـــــــن	ட		 		0
										L		L
	Total from continuation sheets to Part VII, So	ection A ,						> 1		Γ		
	Total (add lines 1b and 1c)							•	, ·			
	Total number of individuals (including but not l									<u>ተ </u>	<u>r</u>	
	reportable compensation from the organization		nose i . 0		u u.	JU	2) V****) (Celveu more	\$100,000 L	1	
	eportable compensus		<u> </u>	<u>·</u>	—			—				Vec No
_											_	Yes No
	Did the organization list any former offic											
	employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ınd	lıvıdı	ual							3 X
	MAK SING PROGRAMMER OF THE COLUMN COL	· of ran		,		.De:	.03	n a	AC OTHER COMPENS	sation iroin	the	
4	For any individual listed on line 1a, is the s	sum of rep	Sortat. מומ	ו פונ יר רי	2011	IF.	~^~c	·",	Schodu	· I for c	- 4-	
	organization and related organizations gre	eater than	ຳ \$15	50,0	0002	? If	"Yes	s," (complete Schedul			lal X
	organization and related organizations gre	eater than	1 \$15 	50,0	000?	? <i>If</i>	"Yes	s," (complete Schedul			4 X
5	organization and related organizations greated individual	eater than accrue cor	1 \$15 mpen:	50,00 nsatio	0007 ion f	? <i>If</i> from	f <i>"Yes</i> n any	s," c	complete Schedul	on or individ	 dual	
5	organization and related organizations gre	eater than accrue cor	1 \$15 mpen:	50,00 nsatio	0007 ion f	? <i>If</i> from	f <i>"Yes</i> n any	s," c	complete Schedul	on or individ	 dual	
5	organization and related organizations greated individual	eater than accrue cor	1 \$15 mpen:	50,00 nsatio	0007 ion f	? <i>If</i> from	f <i>"Yes</i> n any	s," c	complete Schedul	on or individ	 dual	
5 Sec	organization and related organizations gre individual	eater than accrue cor es," complet	m \$15 ompens ete Sch	50,00 nsations	ion f	from J for	f "Yes n any such	s," (· · · · unr · pers	complete Schedul	on or individ	ual	5 X
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5 Sec 1	organization and related organizations greated individual	eater than accrue cor es," complet	m \$15 ompens ete Sch	50,00 nsation hedu ende	ion fule J	from J for cont	n any such	s," o	complete Schedul	on or individe	 dual 	5 X
5 Sec 1	organization and related organizations gre individual	eater than accrue cor es," complet	m \$15 ompens ete Sch	50,00 nsation hedu ende	ion fule J	from J for cont	n any such	s," o	complete Schedul	on or individe	 dual 	5 X
5 Sec 1	organization and related organizations greated individual	eater than accrue cor es,"complet npensated in	m \$15 ompens ete Sch	50,00 nsation hedu ende	ion fule J	from J for cont	n any such	s," o	complete Schedul prelated organization reson that received more ending with or with (B)	on or individed that the organization of the o	 dual 	5 X
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5 Sec 1	organization and related organizations greated individual	eater than accrue cor es,"complet npensated in	m \$15 ompens ete Sch	50,00 nsation hedu ende	ion fule J	from J for cont	n any such	s," o	complete Schedul prelated organization reson that received more ending with or with (B)	on or individed that the organization of the o	dual ,000 o nization	of n's tax
5 Sec 1	organization and related organizations greated individual	eater than accrue cor es,"complet npensated in	m \$15 ompens ete Sch	50,00 nsation hedu ende	ion fule J	from J for cont	n any such	s," o	complete Schedul prelated organization reson that received more ending with or with (B)	on or individed that the organization of the o	dual ,000 o nization	of n's tax
5 Sec 1	organization and related organizations greated individual	eater than accrue cor es,"complet npensated in	m \$15 ompens ete Sch	50,00 nsation hedu ende	ion fule J	from J for cont	n any such	s," o	complete Schedul prelated organization reson that received more ending with or with (B)	on or individed that the organization of the o	dual ,000 o nization	of n's tax
5 Sec 1	organization and related organizations greated individual	eater than accrue cor es,"complet npensated in	m \$15 ompens ete Sch	50,00 nsation hedu ende	ion fule J	from J for cont	n any such	s," o	complete Schedul prelated organization reson that received more ending with or with (B)	on or individed that the organization of the o	dual ,000 o nization	of n's tax
5 Sec 1	organization and related organizations greated individual	eater than accrue cor es,"complet npensated in	m \$15 ompens ete Sch	50,00 nsation hedu ende	ion fule J	from J for cont	n any such	s," o	complete Schedul prelated organization reson that received more ending with or with (B)	on or individed that the organization of the o	dual ,000 o nization	of n's tax
5 Sec 1	organization and related organizations greated individual	eater than accrue cor es,"complet npensated in	m \$15 ompens ete Sch	50,00 nsation hedu ende	ion fule J	from J for cont	n any such	s," o	complete Schedul prelated organization reson that received more ending with or with (B)	on or individed that the organization of the o	dual ,000 o nization	of n's tax

Part VII Section A. Officers, Directors, Tru		y En	ipio			and i	Hig			ees (c	
Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck sspe dad	rson Irrect	e than o	an lee)	(D) Reportable compensation from the	(E) Reportal compensation related organizat	n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
114) ARLENE SAITZYK	1.00					_					
D19-MEMBER AT LARGE	0.	х						0.		0.	0
115) TATANA OLSON D19-MEMBER AT LARGE	1.00									•	
116) CARRIE KENNEDY	2.00	X	\vdash				_	0.		0.	
D19-COUNCIL REPRESENTATIVE	0.	X						0.		0.	0
117) JOSEPH RATH	10.00	<u> </u>						· · · · · · · · · · · · · · · · · · ·		.	
D22-PRESIDENT AS OF 8/18	0.	x		х				0.		Ο.	O
118) MICHELLE MEADE	10.00										
D22-PAST PRESIDENT AS OF 8/18	0.	x		х				0.		0.	O
119) LISA BRENNER	10.00										
D22-PAST PRESIDENT THRU 7/18	0.	Х		Х				0.		0.	O
120) DANA DUNN	5.00	,,		3.5						•	
D22-PRESIDENT ELECT AS OF 8/18 121) STEPHANIE REID ARNDT	2.00	X		Х				0.		0.	0
D22-SECRETARY	0.	x		х				0.		0.	C
122) KIMBERLEY MONDEN	2.00	<u> </u>	\vdash	21	\vdash			· · · · ·		0.	
D22-TREASURER	0.	x		х				0.		Ο.	c
123) SARAH RASKIN	1.00										
D22-MEMBER AT LARGE AS OF 8/18	0.	х						0.		0.	c
124) JANET NIEMEIER	1.00										
D22-MEMBER AT LARGE THRU 7/18	0.	Х						0.		0.	C
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>	<u></u>		 	<u></u>		o re	eceived more than	\$100,000 c	of	
reportable compensation from the organization		0.				,			•		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compens	ated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	sum of repeater than	ortab \$15	le c 50,0	om	per	satio	na: s,"	nd other compens	sation from le J for s	the such	4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on 1	fron	n any	un	related organizati	on or indivi	dual	
for services rendered to the organization? If "You Section B. Independent Contractors	es," comple	te Scr	nedu	ile J	l tor	such	per	son			5 X
Complete this table for your five highest componentation from the organization Report of year											
(A) Name and business add	lress							(B) Description of se	ervices	C	(C) Compensation
							+				
							\bot				
2 Total number of independent contractors (ii											

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Page	М

125 MARLENE VEGA 1.00 D22-MEMBER AT LARGE THRU 7/18 0. X 0. D22-MEMBER AT LARGE	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										ontinued)	
125 MARLENE VEGA	· ·	Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	sition more erson direct	re than o is both tor/trust	an tee)	Reportable compensation from	Reportal compensatio related	on from d	Estimated amount of other compensation
D22-MEMBER AT LARGE THRU 7/18		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				from the organization and related organizations
126 PAMELA FITZPATRICK 1.00		1.00				H		\vdash	 			
D22-MEMBER AT LARGE THRU 7/18			-			<u> </u>	↓ ′	 	0.		0.	0
D22-MEMBER NT LARGE	D22-MEMBER AT LARGE THRU 7/18	0.	4				<u> </u>		0.		0.	0
128 JENNIFER DUCHNICK 1.00 0.							'			ļ	,	
D22-MEMBER AT LARGE		_	X	$\vdash\vdash$	\vdash	 	 '	\vdash	<u> </u>			0
1.00 D22-MEMBER AT LARGE 1.00 0.00		+	x			'	'		0.	}	0.	o
D22-MEMBER AT LARGE 0.				\vdash	 	\vdash	 '	\vdash				
D22-MEMBER AT LARGE AS OF 8/18 0. X 0. 0. 0.		+	x			'	'		0.		ο.	o
(131) MARK BARISA D22-MEMBER AT LARGE AS OF 8/18 0. X 0. 0. D22-REPRESENTATIVE TO COUNCIL 0. X 0. 0. 0. (133) LINDA MONA D22-REPRESENTATIVE TO COUNCIL 0. X 0. 0. 0. (134) FERZEEN PATEL D22-EARLY CAREER REP 0. X 0. 0. (135) CONNIE SUNG D22-EARLY CAREER REP 0. X 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? if "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	(130) ABBEY HUGHES	1.00	-	П	\Box	\vdash		\vdash	 -			
D22-MEMBER AT LARGE AS OF 8/18 0. X 0. 0. 0. (132) KIM GORGENS 1.00 D22-REPRESENTATIVE TO COUNCIL 0. X 0. 0. 0. (133) LINDA MONA 1.00 D22-REPRESENTATIVE TO COUNCIL 0. X 0. 0. 0. (134) FERZEEN PATEL 1.00 D22-EARLY CAREER REP 0. X 0. 0. 0. (135) CONNIE SUNG 1.00 D22-EARLY CAREER REP 0. X 0. 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b 0. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	D22-MEMBER AT LARGE AS OF 8/18	0.	x	_		\'	'	ļ	0.		0.	o
Complete this table for your five highest compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person is ted on line 1a receive or accrue compensation from any unrelated organization or individual for surveyars. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation from the organization or individual for the organization of the capenization of the capenization of the compensation from the organization of the orga		1.00										
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(133) LINDA MONA 1.00 D22-REPRESENTATIVE TO COUNCIL 1.00 D22-EARLY CAREER REP 1.00 D2-EARLY CAREER REP 0. X 0. 0. O. TO INDECTION		+	4				1				<u> </u>	1
D22-REPRESENTATIVE TO COUNCIL 0. X 0. 0. 0. (134) PERZEEN PATEL 1.00 D22-EARLY CAREER REP 0. X 0. 0. 0. (135) CONNIE SUNG 1.00 D22-EARLY CAREER REP 0. X 0. 0. 0. 1. (135) CONNIE SUNG 0. 0. 0. (135) CONNIE SUNG 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. 0. (136) D22-EARLY CAREER REP 0. X 0. X 0. X 0. X 0. X 0. X 0. X 0.				\sqsubseteq		<u> </u>	<u> </u>	₩	U.	 	<u> </u>	0
(134) FERZEEN PATEL 1.00 D22-EARLY CAREER REP 0. X 0. 0. Version 1.00 Total from continuation sheets to Part VII, Section A 1.00 D1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	·	+	-				,	-	0.		0.	0
D22-EARLY CAREER REP				\vdash		\vdash	 	\vdash	· ·	 	<u> </u>	<u> </u>
1.00 D22-EARLY CAREER REP D. X D. O. D.			-				'		0.		ا . ٥	C
D22-EARLY CAREER REP 0. X 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			+	\vdash		+	 	\vdash		 -		
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		+	4				'		0.		0.	(
Treportable compensation from the organization ► 0. Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	<u></u>			• •			►O r€	eceived more than	\$100,000 (of	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	· · · · · · · · · · · · · · · · · · ·				_	_	-, - <u> </u>	_				-
employee on line 1a? If "Yes," complete Schedule J for such individual								_				Yes N
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes," complete Scheau	ule J for suc	ch ina	lividi	ual							3 X
Individual												
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person												4 X
for services rendered to the organization? If "Yes," complete Schedule J for such person												4
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)												5 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)		50, 00,	10 .	10.	***			<u> </u>	3011	<u>• • • • • · · · · · · · · · · · · · · ·</u>	••	
	Complete this table for your five highest com- compensation from the organization. Report c											
		dress		_	_	_	_			ervices	(
				_				l				
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								+				
		-				—		+				
2 Total number of independent contractors (including but not limited to those listed above) who received	2. Tatal number of independent contractors (u	- sluding bi	20	مرا 4			- the		I-t should who			

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees	(continued)
• (A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	(F) Estimated om amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	from the organization and related organizations
(136) MADISON MACKENZIE	1.00									-
D22-STUDENT REPRESENTATIVE	0.	X						0.		0.
(137) CAROL ROSEN D22-SECTION 1: PEDIATRICS	1.00									
(138) EUN-JEONG LEE	1.00	Х		-			-	0.		0. 0
D22-SECTION 2: WOMEN'S ISSUES	1	x						0.		0.
(139) MIA BERGMAN	1.00	-				 	-			-
D22-SECTION 2: WOMEN'S ISSUES	0.	x						0.		0.
(140) BRAD OLSON	10.00									
D27-PRESIDENT AS OF 8/18	0.	х		х				0.		0. 0
(141) YOLANDA SUAREZ-BALCAZAR	10.00									
D27-PAST PRESIDENT AS OF 8/18	0.	Х		Х	ļ			0.		0. 0
(142) SUSAN MCMAHON	10.00									
D27-PAST PRESIDENT THRU 7/18	0.	Х	L	X				0.		0. 0
143) SUSAN TORRES-HARDING	10.00									
D27-PRESIDENT-ELECT AS OF 8/18	0.	X	<u> </u>	X				0.		0. 0
(144) JAMES EMSHOFF	10.00			١.,						
D27-TREASURER THRU 7/18	0.	X		X	 	-		0.		0. 0
145) JAMES COOK D27-TREASURER AS OF 7/18	10.00	x		X				0.		o.
(146) ELIZABETH THOMAS	10.00	_^		┢	 	-	\vdash			0. 0
D27-SECRETARY	1	x		x				0.		o.
4h Cub total		I .	L		1		_			
c Total from continuation sheets to Part VII, S	ection A		• •	• •			•			
d Total (add lines 1b and 1c)	_						>			
Total number of individuals (including but not reportable compensation from the organization)		hose 0		ed a	bov	e) wh	o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo	or, or	tru	uste	e,	key (emp	oloyee, or highes	t compensated	1 1 1
4 For any individual listed on line 1a, is the organization and related organizations grundividual	eater than	\$15	50,0	007	11	"Yes	s, "	complete Schedu	le J for such	
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fror	n any	un	related organizati	on or individual	
for services rendered to the organization? If "Y	es," comple	te Sci	hedu	ule .	J for	such	per	son	<u></u>	5 X
Section B. Independent Contractors										
 Complete this table for your five highest com- compensation from the organization. Report of year 										
(A) Name and business ad	dress							(B) Description of se	ervices	(C) Compensation
							+			
							+			
								 		
2 Total number of independent contractors (i more than \$100,000 in compensation from th				nıte	d to	tho	se I	isted above) who	received	

· (A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average hours per week (list any	box,	unles	ss pe	more	than o	an	Reportable compensation from	Reportable compensation fro related	othe	t of r
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compens from the organiza and relation	he ation ated
		ustee	trustee		ee	npensated					
147) CHIARA SABINA D27-MEMBER-AT-LARGE THRU 7/18	5.00	х						0.) .	0
148) MELISSA STROMPOLIS	5.00							0.			
D27-MEMBER-AT-LARGE	0.	х						0.		o .	0
149) CAROLYN TOMPSETT	5.00								.,,		
D27-MEMBER-AT-LARGE	0.	Х						0.		o.	0
150) NOE CHAVEZ	5.00										
D27-MEMBER-AT-LARGE AS OF 8/18	0.	Х	<u> </u>	<u> </u>		<u> </u>		0.		o.	0
151) JAIMELEE BEHRENDT-MIHALSKI	5.00										
D27-STUDENT REPRESENTATIVE	0.	<u>x</u>		<u> </u>	-			0.		0.	0
152) ERIN GODLY-REYNOLDS D27-STUDENT REPRESENTATIVE	5.00	X			ĺ			0.		o .	0
153) JOY AGNER	5.00	_ A	-			 		0.		7.	
D27-STUDENT REP AS OF 8/18	0.	х						0.		o .l	0
154) SCOTNEY EVANS	5.00							,	-		
D27-NAT'L REGIONAL COORDINATOR	ō.	х						0.		o .	C
155) ANNE BOGAT	5.00										
D27-PUBLICATIONS COMM CHAIR	0.	Х						0.		0.	С
156) NICOLE ALLEN	5.00										
D27-AJCP EDITOR	0.	Х				ļ		0.		0.	C
157) SUSAN WOLFE	5.00										
D27-TCP EDITOR	0.	Х				L	_	0.		0.	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u></u>	 	 	· ·			>				
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 0		d a	bov	e) wh	o re	eceived more than	\$100,000 of		
										Ye	s No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or, or ch ind	tru Iividi	uste ual	е, • .	key e	emp	oloyee, or highes	t compensated	3	X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	50,0	007) II	"Yes	s, "	complete Schedu	ile J for such		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	satı	on ·	fron	n any	un	related organizati	on or individual	5	X
Section B. Independent Contractors	00, 00, 00, 00, 00	10 001	7000	4,00	, , , , ,	50011	pu		<u> </u>		
Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	dress					-		(B) Description of se	ervices	(C) Compensation	on
		-	_				+				
							+				
							\top				

	_
Pane	ĸ

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
· (A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er an	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	from the organization and related organizations	
(158) SIMON COLUMBE	5.00										
D27-COUNCIL ON EDUCATION REP	0.	Х						0.	(0.	
(159) NICOLE FREUND D27-PRACTICE COUNCIL REP	5.00	х						0.	(0.	
(160) JESICA SIHAM-FERNANDEZ D27-CNCL ON CULTURAL, ETHNIC	5.00	x						0.	(0.	
(161) CHRIS KEYS D27-RESEARCH COUNCIL	5.00	х						0.	(0.	
(162) MICHAEL CONSTANTINO	2.00									1	
D29-PRESIDENT	0.	х		х		ļ		0.	(o. o.	
(163) JEFFREY ZIMMERMAN D29-PAST PRESIDENT	2.00	х		х				0.	(0.	
(164) NANCY MURDOCK	2.00										
D29-PRESIDENT-ELECT	0.	Х		Х				0.	(0.	
(165) JESSE OWEN	2.00	ļ "									
D29-TREASURER (166) REBECCA AMETRANO	2.00	Х		X	-		_	0.		0.	
D29-SECRETARY	12-0.	x		x				0.	,	0.	
(167) ELIZABETH NUTT WILLIAMS	1.00	-		<u> </u>			-	· ·	`	··	
D29-COUNCIL REPRESENTATIVE	0.	х						0.	(o. o.	
(168) LILLIAN COMAS-DIAZ D29-COUNCIL REPRESENTATIVE	1.00	Х						0.	,	0.	
1b Sub-total	0.	<u> </u>	<u> </u>				_	<u> </u>		, <u> </u>	
c Total from continuation sheets to Part VII, S	•						•				
d Total (add lines 1b and 1c)								ceived more than	\$100,000 of	<u> </u>	
reportable compensation from the organization		0 .		u a	DOV	J) W III	5 10	cerved more man	ψ100,000 OI		
						*				Yes No	
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo	cer, directo	or, or ch ind	tru Ividi	uste ual	e, 	key e	emp	loyee, or highes	t compensated	3 X	
4 For any individual listed on line 1a, is the organization and related organizations gi											
ındıvıdual										4 X	
5 Did any person listed on line 1a receive or	accrue co	mpen	satı	on 1	fron	n any	un	related organization	on or individual	- -	
for services rendered to the organization? If ") Section B. Independent Contractors	es," comple	te Sch	nedu	iie J	tor	such	per	son	<u> </u>	5 X	
1 Complete this table for your five highest con											
compensation from the organization Report year	compensati	on ior	ine	. ca	ienc	ar ye	ar e	ending with or witr	in the organiza	lion's tax	
(A) Name and business ad	dress							(B) Description of se	rvices	(C) Compensation	
							\perp				
O Table and Committee of the Committee o											
2 Total number of independent contractors (immore than \$100,000 in compensation from the compensation from				nite	d to	thos	se li	isted above) who	received		
inore than \$ 100,000 in compensation from the	io organizal	HOI1									

Part VII Section A. Officers, Directors, Tr	I	'y	<u>.p.c</u>			una i	<u>g</u>			ces (
Name and title	(B) Average				C) sition			(D) Reportable	(E) Reportab	lo.	(F)
rame and the	hours per	(do i	not cl			e lhan c	ne	compensation	compensation		Estimated amount of
	week (list any					is both		from	related		other
	hours for related					or/trust		the	organizatio		compensation
	organizations	dir d	stit	Officer	Key e	mple	Former	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	from the organization
	below dotted	dıvıdual t dırector	l tio	"	₽ mg	st c	ª	(W-2/1099-WIGC)			and related
	line)	Individual trustee or director	nal tr		employee	ļ ģ					organizations
		stee	Institutional truste		"	Highest compensated employee					
			e			ated					
169) SUSAN WOODHOUSE	1.00										
D29-SCIENCE & SCHOLARSHIP DOM	0.	Х					L.	0.		0.	0
170) FRED LEONG	1.00										
D29-INT'L AFFAIRS DOMAIN REP	0.	X			_	ļ	_	0.		0.	C
171) JEAN BIRBILIS	1.00										
D29-MEMBERSHIP DOMAIN REP	0.	Х			_		_	0.		0.	С
172) LEIGH-ANN CARTER	1.00										
D29-EARLY CAREER PSYCHOLOGISTS	0.	Х						0.		0.	C
173) LAVITA NADKARNI	1.00										
D29-PUB INT & SOCIAL JUSTICE	0.	Х					<u>L</u> .	0.		0.	C
174) GARY HOWELL	1.00										
D29-DIVERSITY DOMAIN REP	0.	Х						0.		0.	o c
175) ROSEMARY PHELPS	1.00										
D29-DIVERSITY DOMAIN REP	0.	Х						0.		0.	c
176) JENNIFER CALLAHAN	1.00							-"			
D29-EDUCATION & TRAINING DOM	0.	Х						0.		0.	c
177) BARBARA THOMPSON	1.00										-
D29-PSYCHOTHERAPY PRACTICE DOM	0.	Х						0.		0.	c
178) NICHOLAS MORRISON	1.00										
D29-STUDENT REPRESENTATIVE	0.	Х					Ì	0.		0.	d
179) MARGARET SIGNORELLA	6.00										
D35-PRESIDENT THRU 8/18	0.	Х		Х				0.		0.	c
1b Sub-total	•									_	
c Total from continuation sheets to Part VII, S					• •		•				
d Total (add lines 1b and 1c)							•			-	
2 Total number of individuals (including but not	limited to t	hose	liste	d al	hove	e) who	o re	ceived more than	\$100 000 of	F	
reportable compensation from the organizatio		0				<i>5,</i>		ioonioo moro man	Ψ100,000 0		
									,		Yes No
3 Did the organization list any former office	er, directo	r. or	tru	ıste	e.	kev e	emp	lovee or highes	t compensa	ted	
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ınd	ividi	ual							3 X
4 For any individual listed on line 1a, is the											
organization and related organizations gr	sum or rep eater than	oriac 412	ine c	nno nno	per	Satioi	n ai	na otner compen: complete Schedu	sation from	ine	
individual											4 X
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y	es " comple	te Sch	sau iedu	ıle .l	l for	such	ner.	related bryanizatio	on or marvia	uai	5 X
Section B. Independent Contractors						000	<i>p</i> 0, .		<u> </u>	• • •	
Complete this table for your five highest com	nensated u	ndene	nde	ent a	con	tracto	rs t	hat received more	than \$100	000 6	of
compensation from the organization Report of	compensati	on for	the	ca	iend	lar ve	ar e	ending with or with	nin the organ	nzatio	n's tax
year	•					•		J	3		
(A)							T-	(B)			(C)
Name and business add	dress							Description of se	ervices	C	(C) Compensation
							+				
							+				
							+	700.	-		
				-			+				
	_						+			_	
2 Total number of independent contraction ('	. 1				<u> </u>	and all all all all all all all all all al			=
2 Total number of independent contractors (ii more than \$100,000 in compensation from th				me(u (C	เกอร	e II	isted above) who	received		

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200	•

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	· (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box, office	unles er and	Pos heck ss pe d a d	erson Irrect	e than o is both tor/trust employe	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensatio relate organizat (W-2/1099-	on from d tions	(F) Estimated amount of other compensation from the organization and related
		line)	Individual trustee or director	Institutional trustee		oloyee	Highest compensated employee					organizations
(180)	YUYING TSONG	8.00										_
/101)	D35-PRESIDENT AS OF 8/18	0.	Х	igwdap	X				25,000.		0.	0
	OLIVIA MOOREHEAD-SLAUGHTER D35-PAST PRESIDENT THRU 8/18	4.00	х		х			L	0.		0.	0
(182)	BRAVADA GARRETT AKINSANYA D35-PAST PAST PRES THRU 8/18	1.00	х		х							
(183)	KATRINA ALEXANDER	5.00		\vdash		igdash			0.		0.	0
(105,	D35-SECRETARY THRU 8/18	0.	X		x				0.		٥.	0
(184)	CARRIE CASTENADA SOUND	5.00	 -	\vdash		\vdash	\vdash				\dashv	_
\	D35-SECRETARY AS OF 8/18	0.	х		x				0.		ο.	0
(185)	KAROL DEAN	5.00	<u> </u>	\vdash	\vdash	\vdash						
	D35-TREASURER	0.	х		х				0.		О.	0
(186)	DEBRA KAWAHARA	5.00										
	D35-COUNCIL REPRESENTATIVE	0.	Х						0.		0.	0
(187)	PAMELA REMER	5.00										
	D35-COUNCIL REPRESENTATIVE	0.	Х						0.		0.	0
(188)	LINDA WOOLF	5.00						ŀ			_	
	D35-COUNCIL REPRESENTATIVE	0.	Х	Ш				<u></u>	0.		0.	0
(189)	KEIKO MCCULLOUGH	1.00						ĺ]		_	_
·	D35-STUDENT REPRESENTATIVE	0.	Х	igspace	<u> </u>		!	<u> </u>	0.		0.	0
(150)	MICHELE SANTIAGO D35-PROFESSIONAL REP	1.00									_	
46	Sub-total	0.	Х	Ш	Щ	لــــا	<u> </u>	Ļ	0.		0.	0
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)					• •		o re	eceived more than	\$100,000 (of	
	reportable compensation from the organization		0.					_				
	Did the organization list any former offic											Yes No
	employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividi	ual							3 X
	For any individual listed on line 1a, is the sorganization and related organizations greater	eater than	\$15	50,0)00°) If	"Yes	s," (complete Schedul	le J for s	such	
	ındıvıdual											4 X
5	Did any person listed on line 1a receive or	accrue co	mpen	satı	on f	from	ı any	un	related organization	on or indivi	dual	5 X
	for services rendered to the organization? If "Yestion B. Independent Contractors	es," compie	te Scr	теац	ile j	tor	sucn	per.	son	<u></u>		5 X
	Complete this table for your five highest com	nonestad II	ndens	de	ant i		tracto	t	that received more	+han \$100	, 000 c	· s
	compensation from the organization Report c year	ompensati	on for	· the	e ca	lenc	dar ye	ar e	anding with or with	nn the orga	inizatio	n's tax
	(A) Name and business add	iress							(B) Description of se	rvices	c	(C) Compensation
					_	_		七				
_								$oxed{\mathbb{L}}$				
								ᆚ_				
								\perp				
	Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to) thos	ie li	isted above) who	received		

Part VII Section A. Officers, Directors, Tro	(B)		-		C)	<u></u>		(D)		(E) (F)		
Name and title	Average			•	silion			Reportable	(=) Reportable			
Hame and the	hours per	(do r	not c			e than c	one	compensation	compensation f		Estimated amount of	
	week (list any	box,	unles	ss pe	erson	ıs both	an	from	related		other	
	hours for					tor/trust		the	organization		compensation	
	related organizations	호호	nstii	Officer	é	흋호	Former	organization	(W-2/1099-MI	SC)	from the	
	below dotted	leg id	Itio	ğ	emp	est	व्	(W-2/1099-MISC)			organization and related	
	line)	Individual trustee or director	Institutional trust		Key employee	ë S					organizations	
		ıste	trus		ě	pen						
		(D)	tee			Highest compensated employee						
(191) CASHUNA HUDDLESTON	3.00		\vdash	\vdash	\vdash		\vdash		_			
D35-SECTION 1 PRES THRU 8/18	0.	x						0.	-	٥.		
(192) COLLETTE CHAPMAN-HILLARD	3.00		₩		├		\vdash		_		0	
D35-SECTION 1 PRES AS OF 8/18	+	4								ا ر		
	0.	Х	<u> </u>	<u> </u>	↓		<u> </u>	0.		0.	0	
(193) BIANCA GUZMAN	3.00	-						_				
D35-SECTION 3 PRES THRU 8/18	0.	Х	\bigsqcup		$oxed{igspace}$		<u> </u>	0.		0.	0	
(194) YVETTE FLORES	3.00											
D35-SECTION 3 PRES AS OF 8/18	0.	_ x	<u> </u>		l _			0.		0.	0	
(195) ELLIOTT TEBBE	3.00				\Box				-			
D35-SECTION 4 PRESIDENT	0.	x						0.		0.	0	
(196) IVY HO	3.00	 		\vdash	\vdash					\neg		
D35-SECTION 5 PRESIDENT	0.	x						0.		٥.	0	
(197) ANITA MIHECOBY	3.00	 	\vdash		\vdash					 		
D35-SECTION 6 PRESIDENT	7.00	x								ا ۸		
			\vdash	igwdapprox	\vdash		 	0.		0.	0	
(198) TIM SISEMORE	5.00	↓ ,,										
D36-PRESIDENT AS OF 8/18	0.	X		Х	<u> </u>			0.		0.	0	
(199) ANNETTE MAHONEY	3.00]		1						1		
D36-PAST PRESIDENT AS OF 8/18	0.	Х		Х		L		0.	<u></u>	0.	0	
(200) DOUG OMAN	1.00		ΓΙ				Γ			_		
D36-PAST PRESIDENT THRU 7/18	0.	х		х				0.		0.	0	
(201) KEVIN MASTERS	1.00	 	\Box	\Box			\vdash			\neg		
D36-PRESIDENT ELECT AS OF 7/18	0.	x		x				0.		0.	О	
4h Cub Astal	1		<u></u>			<u> </u>	_			Ť		
c Total from continuation sheets to Part VII, S				• •					-	\neg		
•	•			• •	• •	• • •				\dashv		
d Total (add lines 1b and 1c)	Irmited to t		· · ·	<u> </u>	· ·	- · ·		======================================				
reportable compensation from the organization		nose : . 0		ű aı	DOVE	3) Wild) ie	eceived more man	\$100,000 or			
											Yes No	
3 Did the organization list any former office	an directo	or			_	م بنمنا	- -	lavas or highost	·	_		
employee on line 1a? If "Yes," complete Sched	ier, unecco	it, ui obund	uu Inada	JSt e ∙ ∵al	e, i	кеу е	μιh	lloyee, or nightes	compensate	a	3 X	
											3 X	
4 For any individual listed on line 1a, is the												
organization and related organizations gro	eater than	\$15	0,0	00?	' If	"Yes	i," (complete Schedu	le J for suc	h	- <u></u>	
ındıvıdual											4 X	
5 Did any person listed on line 1a receive or	accrue con	mpen	sati	on f	from	ı any	un	related organization	on or individua	al		
for services rendered to the organization? If "Yo	es," comple	te Sch	nedu	ıle J	for	such	per	s <u>on</u>	. <u> </u>	<u>. </u>	5 X	
Section B. Independent Contractors												
1 Complete this table for your five highest com	pensated in	ndepe	ende	ent d	conf	tracto	rs t	hat received more	than \$100,00	00 o	f	
compensation from the organization Report of	compensation	on for	the	cal	lend	lar ye	ar e	ending with or with	nin the organiz	atio	n's tax	
year												
(A)								(B)		_	(C)	
Name and business add	iress						\bot	Description of se	rvices		Compensation	
							\dotplus					
			-				+-					
							+	·	_			
							+					
2 Total number of independent contractors (iii	ncluding bu	ıt not	lım	ntec	d to	thos	:e ı	isted above) who	received			
more than \$100,000 in compensation from th						••••		0.00 000.0,	1000,100			

` (A)	(B)			- ((es, C)			(D)	(E)		1 .	(F)
Name and title	Average hours per week (list any			Pos heck	sition more	i re than o n is both		Reportable compensation	Reportab compensation	n from	Esti amo	(F) imated ount of other
	hours for related organizations below dotted line)	office or in		d a d	direct	Highest compensated employee		- 1115	related organizatic (W-2/1099-N	ons	comp froi orgai and	ensation m the nization related nizations
202) EDWARD (WARD) B. DAVIS D36-TREASURER	3.00	x		х				0.				
203) AMY WACHHOLTZ	1.00		$\vdash\vdash$	1	\vdash	+-	┼	<u> </u>		0.		0
D36-SECRETARY		x		$ _{\mathbf{x}} $		'		0.		0.		0
204) SARAH SCHNITKER	1.00		\vdash	H	\vdash	 	\vdash					
D36-MEMBER-AT-LARGE THRU 7/18	0.	x		'		'		0.		0.		0
205) ANDY JOHNSON	1.00	+	\vdash	\vdash	\vdash		\vdash					
D36-MEMBER-AT-LARGE	0.	x		'		'		0.		0.		0
206) LAIRD EDMAN	1.00	_	H	-	\vdash		\vdash	 	-			
D36-MEMBER-AT-LARGE	0.	x		'		'		0.		0.	İ	0
207) JENNIFER RIPLEY	1.00	_		\Box	\vdash		\vdash	 				
D36-MEMBER-AT-LARGE AS OF 8/18	0.	x		'		'		0.		0.	ļ	0
208) THOMAS PLANTE	2.00		\vdash	\vdash	\vdash					-		
D36-COUNCIL MEMBER	0.	x		'		'		0.		ο.		0
209) KARI O'GRADY	2.00		\Box					†				
D36-COUNCIL MEMBER	0.	х	اِ ا	<u> </u>	_'	<u> </u>		0.		0.		0
210) JUSTIN M. NASH	5.00			\Box			\vdash	†				
D38-PRES, CO-CHAIR OF LONG RNG	0.	x		x		'		0.		0.		0
211) DAWN K. WILSON	3.00	 	\vdash	\vdash			 	 				
D38-PAST PRES, AWARDS COMM CHR		x		x		'		0.		0.		0
212) NANCY RUDDY	3.00	_	\vdash	 		 	\vdash	 				
D38-PRESIDENT-ELECT, CO-CHAIR	0.	x		x		'		0.		0.		0
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A		· ·		• •		o re	eceived more than	\$100,000 of	f		
reportable compensation from the organization	<u>n</u> ▶	0.										1
3 Did the organization list any former office	cer. directo	nr. or	tru	uste	·e.	key f	emr	plovee or highes	t compensa	ted		Yes No
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ınd	ividi	ual	• •						3	х
4 For any individual listed on line 1a, is the												
organization and related organizations gr	eater than	\$15	50,0	0002) If	f "Yes	s," (complete Schedul	le J for su	uch		_
ındıvıdual											4	Х
5 Did any person listed on line 1a receive or	accrue coi	mpen	satio	on f	fron	n any	uni	related organization	on or individ	ual		_
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	ıle J	l for	such	per	'son	<u> </u>	<u> </u>	5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest com	ipensated in compensation	ndepe on for	ende ∙ the	ent o	cont	tractor dar ye	∍rs t ear ∈	hat received more anding with or with	than \$100,6 nn the organ	000 o nzatio	if n's tax	
compensation from the organization Report of year			_				$\overline{}$				(C)	
	tress							(B) Description of se	rvices	C		ation
year (A)	dress						+	(B) Description of se	rvices	C	Compensa	ation
year (A)	dress			_	_				rvices	C		ation
year (A)	dress								rvices	C		ation
year (A)	dress								ervices	C		ation

Part VII Section A. Officers, Directors, 110	JSIEES, NE	y = 11	ipic	ye	es,	anu i	ııgı	nest Compensat	ed Employ	ees (continue	<u>:a)</u>	
Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe	erson Irrect	e than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation related organizate (W-2/1099-1	n from ons	other compensation from the		
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		,	and	anızatıd d relate anızatıo	ed
(213) BARBARA CUBIC D38-TREASURER/SECRETARY	3.00	х		х				0.		0.			0.
(214) DANIEL BRUNS D38-MEMBER-AT-LARGE	1.00	х						0.		0.			0.
(215) TERESA FECTEAU D38-MEMBER-AT-LARGE	1.00	х						0.		0.			0.
(216) JOHN M. RUIZ D38-MEMBER-AT-LARGE	1.00	x	_										
(217) RONALD ROZENSKY	1.00					_		0.		0.			0.
D38-APA COUNCIL REPRESENTITIVE (218) RICHARD SEIME	0. 1.00	Х						0.		0.			0.
D38-APA COUNCIL REPRESENTATIVE (219) V. BARRY DAUPHIN	10.00	X						0.		0.			0.
D39-PRESIDENT (220) DENNIS DEBIAK	0. 5.00	Х		Х	-		-	0.		0.			0.
D39-PAST PRESIDENT (221) LARA SHEEHI	0.	х		х				0.		0.			0.
D39-SECRETARY (222) JILL BELLINSON	0.	Х		Х	_			0.		0.			0.
D39-TREASURER (223) ARLENE LU STEINBERG	0.	х		х				0.		0.			0.
D39-APA COUNCIL REPRESENTATIVE	1.00	Х						0.		0.			0.
1b Sub-total							* * *						
2 Total number of individuals (including but not reportable compensation from the organization		hose 0		d al	bov	e) who	o re	eceived more than	\$100,000 o	f			
Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or chind	tru Ividi	uste ual	e,	key e	emp	oloyee, or highes	t compensa	ited	3	Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations grandvidual	eater than	\$15	0,0	00?) If	"Yes	s,"	complete Schedu	le J for s	uch	4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individ	lual	5		X
Section B. Independent Contractors	os, compic	00,	1000	<i>110 0</i>	101	34011	per	3011	<u> </u>	• •		<u>. </u>	
1 Complete this table for your five highest com- compensation from the organization. Report of year.	pensated ii ompensati	ndepe on for	ende the	ent ca	con	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100, nin the organ	000 d nizatio	of n's tax		
(A) Name and business add	Iress							(B) Description of se	rvices	((C) Compens		
							+						
	_						-						
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nite	d to	thos	se li	isted above) who	received				

Part VII Section A. Officers, Directors, T		y En	plo			and F	ligi	hest Compensat	ed Employe	es (c	continued)
Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson Irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	IISC)	from the organization and related organizations
224) BRYANT WELCH	1.00										: 1
D39-APA COUNCIL REPRESENTATIV		X	_	_	<u> </u>			0.		0.	0
225) MARY BETH CRESCI D39-APA COUNCIL REPRESENTATIV	1.00	Х						0.		0.	0
226) STEVEN REISNER	1.00										
D39-APA COUNCIL REPRESENTATIV		X	<u> </u>	<u> </u>	<u> </u>		<u>L</u>	0.		0.	0
227) STEPHEN SOLDZ D39-APA COUNCIL REPRESENTATIV	1.00 E 0.	x						0.		0.	0
228) DANA CHARATAN	1.00										
D39-BOARD MEMBER-AT-LARGE	0.	X						0.		0.	0
D39-BOARD MEMBER-AT-LARGE	1.00	x						0.		0.	0
230) MATTHEW LEROY	1.00									*-	
D39-BOARD MEMBER-AT-LARGE	0.	X		<u>L</u> .	ł			0.		0.	0
D39-BOARD MEMBER-AT-LARGE	1.00	Х						0.		0.	0
232) JOANN PONDER	1.00							[
D39-BOARD MEMBER-AT-LARGE	0.	Х			Ĺ			0.		0.	0
233) SCOTT PYTLUK	1.00										
D39-BOARD MEMBER-AT-LARGE	0.	Х	_		<u> </u>		_	0.		0.	0
234) SHARA SAND	1.00	4		İ							
D39-BOARD MEMBER-AT-LARGE	0.	Х	<u>L</u> _		L		L	0.		0.	
to Sub-total continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A .						>				
2 Total number of individuals (including but no reportable compensation from the organizal		hose: 0		ed a	bov	e) who	o re	eceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche											3 X
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	1 \$15	50,0	0007	· 11	"Yes	s,"	complete Schedu	le J for su	ıch	4 X
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	mper	rsati	ion	fron	n any	un	related organizati	on or individ	ual	5 X
Section B. Independent Contractors	res, compre	10 00	7001	uic c	, 101	30011	per	3011	<u></u>	• •	1,
Complete this table for your five highest co- compensation from the organization Repor- year											
(A) Name and business	address							(B) Description of se	ervices		(C) Compensation
			_	_			-				
			_				+				
							\pm				
2 Total number of independent contractors more than \$100,000 in compensation from				nıte	d to	thos	se I	isted above) who	received		

Name and title	Part VII Section A. Officers, Directors, Tru	istees, Ke	<u>:y ⊑n</u>	npic	ye	es,	and i	нıg	nest Compensat	ed Employed	<u>}S (</u> ¢	ontinue	<u>d) </u>	
	Name and title	Average hours per week (list any	box,	unle	Pos heck ss pe	ition morerson	e than o	an	Reportable compensation from	Reportable compensation related	from	Est amo	umated ount of other	
D39-BOARD MEMBER-AT-LARGE		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization			fro orga and	m the inization related	
236) PRATTUSHA TUMMALA NARRA 1.00		+ -	-{											_
D39-BOARD MEMBER-AT-LARGE			X	<u> </u>	_				0.		0.			С
D39-SECTION I REPRESENTATIVE			x						0.		0.			C
D39-SECTION II REPRESENTATIVE 0.			-{											
D39-SECTION II REPRESENTATIVE			X	<u> </u>	<u>L</u>				0.		0.			C
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260 KEVIN DOUGLAS, PR.D. S.00 D41-PRESIDENT AS OF 8/18 O. X X O. O. O. O. O. O.		+	v					ł	_		0	
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262) JENNTFER MOCLARD, PH.D. 6.00 0.00 0.00		+	, v		\ _v						_	
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(263) JENNIFER GROSCUP, J. D., PR.D. 5.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		+			\ _v						•	
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265 VANESSA EDKINS, PH.D.		+							_			
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Part VII Section A. Officers, Directors, Tre		y En	ibio			and F	1ıgı		eu Employees	CONTINUE		
Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	Pos neck is pe	more rson rect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fron related organizations	n an	(F) stimate nount o other pensa	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anizati d relate anizatio	ion ed
268) LINDSAY MALLOY, PH.D.	1.00							_				
D41-MEMBER-AT-LARGE AS OF 8/18 269) MATTHEW HUSS, PH.D.	1.00	Х	H		<u> </u>			0.	0	•		0
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270) THOMAS GRISSO, PH.D.	1.00		H		_			0.		+		
D41-APA COUNCIL REPRESENTATIVE	10.	x						٥.	0	.]		0
271) JASON CANTONE, PH.D.	1.00		† †				_			1		
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272) JOEL LIEBERMAN, PH.D.	1.00								-			
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273) KATHERINE HAZEN	1.00											
D41-STUDENT COMM CR AS OF 8/18	0.	Х						0.	0			0
274) AMANDA REED	1.00								_			_
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275) PAULINE WALLIN D42-PRESIDENT	10.00]]	x					,			^
276) KEVIN ARNOLD	10.00	Х	-	Х				0.		-		0
D42-PRESIDENT ELECT	10.00	x		Х	ļ			0.	0			0
277) NORMAN ABELES	10.00						_	0.		+		
D42-PAST PRESIDENT	0.	x		Х	ļ			0.	0			0
278) MICHAEL SCHWARTZ	10.00	 					-			-		<u>-</u>
D42-SECRETARY	0.	x		x				0.	0			0
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2 Total number of independent contractors (i												

Name and title	Part VII Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)		(F)
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D42-MEMBER AT LARGE			}		Х	╙	<u> </u>		0.		0.	0
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D42-MEMBER AT LARGE		0.	X		<u> </u>	L			0.		0.	0
283) SAM MARZOUK D42-STUDENT MEMBER AT LARGE 0. X 0. 0. 0. 0. 284) PETER OPPENHEIMER 3.00 D42-MEMBER AT LARGE 0. X 0. 0. 285) JUDITH PATTERSON 3.00 D42-MEMBER AT LARGE 0. X 0. 0. 286) DAVID SHAPIRO 3.00 D42-MEMBER AT LARGE 0. X 0. 0. 287) AMY VAN ARSDALE D42-ECP MEMBER AT LARGE 0. X 0. 0. 288) ARMAND CERBONE 3.00 D42-DIVERSITY APA COUNCIL REPR 0. X 0. 0. 289) LISA GROSSMAN 3.00 D42-APA COUNCIL REPRESENTATIVE 0. X 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0. Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tyear	282) ELAINE DUCHARME	3.00										
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D44-SECRETARY O. X X D. O. O. BERTN DENEKE, PH.D. D44-TREASURER O. X X D. O. D44-TREASURER O. X X D. O. D44-COUNCIL REPRESENTATIVE O. X D. O. D44-COUNCIL REPRESENTATIVE O. X D. O. D44-COUNCIL REPRESENTATIVE O. X D. O. D44-COUNCIL REPRESENTATIVE O. X D. O. D44-COUNCIL REPRESENTATIVE O. X D. O. Total from continuation sheets to Part VII, Section A D. O. Total from continuation sheets to Part VII, Section A D. O. Total from continuation sheets to Part VII, Section A D. O. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a" If "Yes," complete Schedule J for such individual sted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Total number of individual listed on line 1a receive or accrue compensation from any unrelated organization from the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	96) GARY HOWELL, PH.D. D44-PRESIDENT ELECT		х		х				0.		0.		(
D44-TREASURER 0. X X 0. 0. 0. D44-COUNCIL REPRESENTATIVE 0. X 0. 0. D44-COUNCIL REPRESENTATIVE 0. X 0. 0. D44-COUNCIL REPRESENTATIVE 0. X 0. 0. D44-COUNCIL REPRESENTATIVE 0. X 0. 0. D44-COUNCIL REPRESENTATIVE 0. X 0. 0. D44-COUNCIL REPRESENTATIVE 0. X 0. 0. Total from continuation sheets to Part VII, Section A 0. 0. 0. Total from continuation sheets to Part VII, Section A 0. 0. 0. Total from continuation sheets to Part VII, Section A 0. 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation and other compensation from the organization or individual Total from continuation sheets to Part VII, Section A	97) ANTIONETTE KAVANAUGH, PH.D. D44-SECRETARY		х		х				0.		0.		
D44 - COUNCIL REPRESENTATIVE 0. X 0. 0. 00) MICHAEL HENDRICKS, PH.D. 5.00 D44 - COUNCIL REPRESENTATIVE 0. X 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Cection B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year. (A)	98) ERIN DENEKE, PH.D. D44-TREASURER		х		х				0.		0.	<u>-</u>	ı
D44-COUNCIL REPRESENTATIVE 0. X 0. 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A	99) ARLENE NORIEGA, PH.D. D44-COUNCIL REPRESENTATIVE	+	х						0.		0.		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	00) MICHAEL HENDRICKS, PH.D. D44-COUNCIL REPRESENTATIVE	+	х						0.		0.		(
reportable compensation from the organization 0. Yes N Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A .	 	 	 	 		>					
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					d a	DOV	e) wno	o re	eceived more than	\$100,000 d	or 		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedi	er, directo	or, or ch ind	tru 'ividi	uste ual	е,	key e		oloyee, or highes	t compens	ated		N - 3
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations gre	eater than	\$15	0,0	003	. If	"Yes	,"	complete Schedu	le J for :	such	4	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on i	fron	n any	un	related organizati	on or indivi	dual	5	X
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)								4		- 45 64 00			
	compensation from the organization Report of												
		tress				_				ervices	C		
		<u>.</u>											
1						-							_

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es,	and h	ligi	hest Compensat	ed Employ	rees (c	continued)	Page 8
(A) Name and title	(B) Average hours per week (list any hours for	(do r box,	not cl unles	Pos heck ss pe d a d	c) ition more rson	e than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	ble on from d	(F) Estimate amount other compensa	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from thi organizat and relat organizati	e tion ted
301) TERRY GOCK, PH.D. D44-COUNCIL REPRESENTATIVE	5.00 0.	х						0.		0.		0.
302) FRANCO DISPENZA, PH.D. D44-3RD YEAR MEMBER AT LARGE	5.00 0.	х						0.		0.		0.
303) MELISSA GREY, PH.D. D44-2ND YEAR MEMBER AT LARGE	5.00 0.	х						0.		0.		0.
304) CARLTON EVERETT GREEN, PH.D. D44-1ST YEAR MEMBER AT LARGE	5.00 0.	х				·		0.		0.		0
305) REBEKAH INGRAM ESTEVEZ D44-STUDENT REPRESENTATIVE	5.00 0.	х						0.		0.		0.
306) ALVIN ALVAREZ D45-PRESIDENT	10.00	х		х				0.		0.		0
307) HELEN NEVILLE D45-PAST PRESIDENT	5.00 0.	х		х				0.		0.		0.
308) LISA REY-THOMAS D45-PRESIDENT-ELECT	5.00 0.	х		х				0.		0.		0 .
309) BRIDGETTE PETEET D45-SECRETARY	10.00	х		х				0.		0.		0
310) JAE-YEON JEONG D45-TREASURER	5.00 0.	х		х				0.		0.		0.
311) JOYCE CHU D45-TREASURER	5.00 0.	х		х				0.		0.		0 .
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							► ► ► • re	eceived more than	\$100,000 d	of		
Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	er, directo	0. or, or chind	tru	iste	e, I	key e	mp	oloyee, or highes	t compens	ated	Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15 	0,0	00? 		"Yes 	," ·	complete Schedu	le J for s	such	4	х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Section B. Independent Contractors	accrue cor es," comple	mpen te Sch	satio edu	on f <u>ile J</u>	ron for	any such	uni per	related organizations on	on or indivi	dual	5	Х
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated ii compensatio	ndepe	ende the	ent o	conf	racto lar yea	rs t ar e	hat received more ending with or with	than \$100 nin the orga	,000 d inizatio	of n's tax	
(A) Name and business add	fress							(B) Description of se	ervices		(C) Compensation	1
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to	thos	e li	sted above) who	received			

· (A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	s pe i a d	ition more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fi related organizations		com	(F) stimated nount of other pensat	of tion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	ic)	org: and	om the anizatio d relate anizatio	on ed
312) HECTOR ADAMES D45-COUNCIL REPRESENTATIVE	5.00 0.	х						0.		0.			0
313) JOSEPH GONE D45-COUNCIL REPRESENTATIVE	5.00 0.	х						0.		0.		·	0
D45-STUDENT REPRESENTATIAVE	5.00 0.	х						0.		0.			0
D45-MEMBER-AT-LARGE, ASIAN SLA	5.00 0.	х						0.		0.			0
D45-MEMBER-AT-LARGE, LATINO/A	5.00 0.	х						0.		0.			0
17) GERMINE AWAD D45-MEMBER-AT-LARGE, MENA SLAT	5.00	х				-		0.		0.			0
18) MARTINIQUE JONES D45-MEMBER-AT-LARGE, DIVERSITY	5.00 0.	х						0.		0.			0
19) ALISON CEREZO D45-MEMBER-AT-LARGE, LGBTQ SLA	5.00 0.	х						0.		0.			0
20) ROBYN GOBIN D45-MEMBER-AT-LARGE, AFRICAN A	5.00 0.	х						0.		0.	-		C
21) MELISSA TEHEE D45-MEMBER-AT-LARGE, NATIVE SL	5.00 0.	х						0.		0.			0
322) SU YEONG KIM D45-CDEMP EDITOR	20.00	х						0.		0.	-		0
c Total from continuation sheets to Part VII, Sid Total (add lines 1b and 1c)	limited to t	 	liste				re	ceived more than	\$100,000 of				
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for sud	or, or ch ind	tru <i>ıvıdı</i>	iste: <i>ial</i>	e, I	кеу <i>е</i>	emp	loyee, or highes	t compensated	i	3	Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations gre	eater than	\$15	0,0	00?	lf.	"Yes	," (complete Schedu	le J for suci				<u> x</u>
 Individual	accrue co	mpen	satio	on f	from	any	uni	related organization	on or individua	l 	5		X
Complete this table for your five highest com- compensation from the organization Report c year	pensated ii ompensati	ndepe on for	ende the	ent o	cont	racto lar ye	rs t ar e	hat received more ending with or with	than \$100,00	0 of ation	's tax		
(A) Name and business add	ress							(B) Description of se	rvices	Co	(C) mpens		,
								E					
2 Total number of independent contractors (in								 .					

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and l	Higl	hest Compensat	ed Employee	s (continued)	
Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations	other	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		on ed
(323) ALICE LOCICERO	7.00	-				_	-				
D48-PRESIDENT	0.	Х		х	<u> </u>			0.		0.	0.
(324) SCOTT MOESCHBERGER	5.00							_			
D48-PAST-PRESIDENT	0.	Х		Х	<u> </u>		<u> </u>	0.		0.	0 .
(325) SERDAR M. DEGIRMENCIOGLU D48-PRESIDENT-ELECT	5.00			l v							_
326) ANGELA WALTON	5.00	Х	-	Х	├			0.		0.	0
D48-SECRETARY	 0.	x		x				ο.		o.l	0 .
327) JULIE MERANZE LEVITT	5.00				\vdash		\vdash		-	- 	<u> </u>
D48-TREASURER	0.	x		x				٥.		0.	0
(328) EDUARDO DIAZ	5.00	 	-		\vdash					-	
D48-MEMBER-AT-LARGE	0.	х						0.		0.	0
329) GIANINA PELLEGRINI	5.00				\vdash	-					
D48-MEMBER-AT-LARGE	0.	Х			l			0.		0.	0
330) LINDEN NELSON	5.00							-			
D48-MEMBER-AT-LARGE	0.	X			<u>_</u>	<u> </u>	<u> </u>	0.		0.	0
331) HENRIETTE VAN ECK	5.00										
D48-MEMBERSHIP CHAIR	0.	Х			$oxed{oxed}$			0.		0.	0
332) CECILIA YOCUM	5.00										
D48-COUNCIL OF REPRESENTATIVES		Х		$ldsymbol{f eta}$	igspace	<u> </u>		0.		0.	0
(333) FRANK FARLEY	5.00	4								_	•
D48-COUNCIL OF REPRESENTATIVES	0.	x			Ц_		Ļ	0.		0.	0
to Sub-total c Total from continuation sheets to Part VII, Section 1		<u> </u>	<u> </u>	<u> </u>	<u> </u>		>	could mare then	#400 000 of		
reportable compensation from the organization		nose i		u aı	DOV	e) wiii	0 16	ceived more man	\$100,000 01		
<u> </u>										Yes	No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, directo fule J for suc	or, or ch ind	tru Ividi	uste ual	e, 	key e	emp	loyee, or highes	t compensated	i 100	X
4 For any individual listed on line 1a, is the organization and related organizations grandividual	reater than	\$15	0,0	00?) If	"Yes	s," (complete Schedu	le J for sucl	, 	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")	accrue co	mpen	satı	on 1	fron	n any	un	related organization	on or individua		X
Section B. Independent Contractors											
1 Complete this table for your five highest concompensation from the organization Report year											
(A) Name and business ad	dress							(B) Description of se	ervices	(C) Compensation	
				_	_						
					_						
2 Total number of independent contractors (immore than \$100,000 in compensation from the				nited	d to	thos	se li	sted above) who	received		

Part VII Section A. Officers, Directors, T	I	y En	plo			and l	lig	· ·	1	yees (c		
• (A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reporta compensati relate	on from	Es am	(F) timated ount of other
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	pensation om the anization I related nizations
34) GEORGE TASCA D49-PRESIDENT	10.00	х		х				0.		0.		
35) MARTYN WHITTINGHAM D49-PRESIDENT-ELECT	5.00	х		x				0.		0.	_	
36) CRAIG PARKS D49-PAST-PRESIDENT	5.00	x		X				0.		0.	_	
D49-PASI-PRESIDENI B7) AMY NITZA D49-TREASURER	5.00											
88) JOE MILES	5.00	X		<u>х</u>				0.		0.		
D49-SECRETARY 9) SALLY BARLOW	5.00	X		<u> </u>				0.		0.		
D49-REPRESENTATIVE TO GOV O) MISHA BOGOMAZ	5.00	X						0.		0.		
D49-MEMBER-AT-LARGE 1) VERLIN HINSZ	5.00	X						0.		0.	• •	
D49-MEMBER-AT-LARGE 2) JENNIFER ALONSO MARTIN	5.00	X	_					0.		0.		
D49-MEMBER-AT-LARGE 3) NICOLE COLEMAN	5.00	X						0.		0.		
D49-MEMBER-AT-LARGE 4) MICHELLE RIBEIRO D49-MEMBER-AT-LARGE	5.00	X			-			0.		0.		
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	t limited to t						► ► •	eceived more than	\$100,000	of		
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche	icer, directo	or, or	tru	ıste <i>ual</i>	e,	key e	emp	oloyee, or highes	t compens	ated	3	Yes
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15 • • • •	0,0	 00?)	"Yes 		complete Schedu	le J for	such 	4	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "Section B. Independent Contractors	Yes," comple	mpen te Sch	satio <u>redu</u>	on 1 le J	fron <i>for</i>	n any such	un <i>per</i>	related organization	on or indiv	dual	5	
Complete this table for your five highest co compensation from the organization Report year.	mpensated ii compensati	ndepe	ende the	ent o	con	tracto lar ye	rs t ar e	that received more	than \$100),000 o anizatio	if n's tax	•
(A) Name and business a	ddress							(B) Description of se	rvices	С	(C) compens	ation
				-								
				_								
2 Total number of independent contractors (including bu	ıt not	lım	nted	d to	thos	e li	sted above) who	received			

Part	VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	∃igl	hest Compensat	ed Employ	rees (c	continued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensation related organizat	on from d	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
	JENNIFER BUCKMAN, PH.D.	10.00	,,		<u>,,</u>							
	D50-PRESIDENT LINDA SOBELL, PH.D.	6.00	X		Х				0.		0.	0
	D50-PRES-ELECT; COUNCIL REP	0.00	Х		x				0.		ο.	0
	BRUCE LIESE, PH.D.	3.00	 	 					,	 		
	D50-PAST PRESIDENT	0.	x		x				0.		Ο.	o
348)	LINDA SKALSKI, PH.D.	2.00										
	D50-SECRETARY	0.	Х		Х				0.		0.	0
	TY SCHEPIS, PH.D.	3.00										
	D50-TREASURER	0.	Х		Х			<u> </u>	0.		0.	С
	JAMES BRAY, PH.D.	1.00	,,									
	D50-COUNCIL REP (PRACTICE) MONICA WEBB-HOOPER, PH.D.	1.00	Х	├		-		_	0.		0.	0
	D50-MEMBER-AT-LARGE (PUB INT)	0.	x						ο.		0.	C
	KIRK BOWDEN, PH.D.	1.00	_ ^						0.		0.	
	D50-MEMBER-AT-LARGE (SCIENCE)	0.	x			ļ	•		0.		ο.	C
	PAUL STASIEWICZ, PH.D.	1.00		<u> </u>								
	D50-MEMBER-AT-LARGE (PRACTICE)	0.	х		Ī				0.	}	0.	c
(354)	BRANDON BERGMAN, PH.D.	2.00										
	D50-SECRETARY THRU 8/18	0.	х						0.		0.	c
	JENNIFER READ, PH.D.	1.00	J									
	D50-MEMBER-AT-LARGE (SCIENCE)	0.	X						0.		0.	C
c T d T	otal from continuation sheets to Part VII, Social (add lines 1b and 1c)	<u> </u>		<u> </u>				> >	ecowed more than	\$100,000	of	
	eportable compensation from the organization		0.		u a	DOV	e) wiii	0 16	eceived more man	\$100,000 C	ונ	
											-	Yes No
	old the organization list any former officingly											3 X
c	for any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	007) II	"Yes	s, "	complete Schedu	le J for s	such	4 X
	Old any person listed on line 1a receive or											
	or services rendered to the organization? If "Y											5 X
	ion B. Independent Contractors											
c	Complete this table for your five highest com ompensation from the organization. Report of ear											
	(A) Name and business add	dress	•						(B) Description of se	ervices		(C) Compensation
								-				
								I				
												
	otal number of independent contractors (in nore than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received		

Part VII Section A. Officers, Directors, Tr	1	y <u>L11</u>	ipit			anu	iliy				
· (A) Name and title	(B)	ŀ			C) sition			(D) Reportable	(E) Reportable	I	F)
rane and the	Average hours per	(do	not c			e than o	one	compensation	compensation fi	1	mated unt of
	week (list any			-		ıs both		from	related		her
	hours for				$\overline{}$	tor/trus Too—r		the	organizations	, , .	ensation
	related organizations	할	T Stif	Officer	Key	mp tigh	Former	organization	(W-2/1099-MIS	,0,1	n the nzation
	below dotted	rect	l tto	역	ä	est o	ᅙ	(W-2/1099-MISC)		_	related
	line)	Individual trustee or director	nal		employee	e com					zations
		stee	Institutional trustee		TO TO	Highest compensated employee		-			
356) STEVEN LEE	3.00		ļ.	<u> </u>		ted					
D53-PRESIDENT	0.	х		x				0.		0.	0
(357) ERIC YOUNGSTROM	3.00	 	 	 ^``	 		┢			- -	
D53-PRESIDENT ELECT	0.	x		x				0.		0.	0
358) MITCHELL PRINSTEIN	1.00		 	H	ļ —					" 	
D53-PAST PRESIDENT	o.	x		x	ļ			0.	`	0.	0
359) DAVID LANGER	4.00			<u> </u>			┢	-			
D53-TREASURER	0.	x		x	l			0.	•	0.	0
360) JONATHAN COMER	2.00		† —				 		-		
D53-SECRETARY	† - 0.	x		х	ŀ			0.		0.	0
361) MARY FRISTAD	3.00				┢	 	 			-	
D53-COUNCIL REP	tō.	X						0.		0.	0
362) TIMOTHY CAVELL	3.00		 				┢				
D53-COUNCIL REP	0.	x			ŀ			0.		0.	0
363) YOLANDA JACKSON	2.00		 						-		
D53-MEMBER AT LARGE	† 	x						0.		o .	0
364) AMANDA JENSEN DOSS	2.00						\vdash				
D53-MEMBER AT LARGE	0.	х						0.		o .	0
365) TARA PERIS	2.00			ļ	-						
D53-MEMBER AT LARGE	0.	x					1	0.		0.	0
366) ANN MCGRATH DAVIS, PHD, ABPP	5.00						İ				
D54-PRESIDENT	0.	х		х				0.		0.	0
1b Sub-total							<u> </u>				
c Total from continuation sheets to Part VII, S	ection A				٠.		•				
d Total (add lines 1b and 1c)					: :		•				
2 Total number of individuals (including but not	limited to t	hose	liste	d a	bov	e) who	o re	ceived more than	\$100,000 of		
reportable compensation from the organizatio		0.				,			, ,		
											res No
3 Did the organization list any former offic	er, directo	ır, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensated		
employee on line 1a? If "Yes," complete Sched											Х
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	satio	n ai	nd other compen-	sation from the	• 	
organization and related organizations gr	eater than	\$15	50,0	007) //	"Yes	s,"	complete Schedu	le J for suci	7	X
ındıvıdual											^_
5 Did any person listed on line 1a receive or	accrue co	mpen	satı	on '	fron	n any	un	related organizati	on or individua		
for services rendered to the organization? If "Y	es, compie	ie Scr	теац	iie J	i tor	sucn	per	son		. 5	X
Complete this table for your five highest com	noncated u	ndon/	nde			traata		hat recoved mass	than \$100.00	0 06	-
compensation from the organization Report of	compensati	on for	r the	ca	len	dar ye	ar e	ending with or with	nin the organiz	ation's tax	
year											
(A) Name and business add	droce							(B) Description of se		(C)	4
ivalite and busiless add	 TI 622						+	Description of se	rvices	Compensat	uon
											
2 Total number of independent contractors (ii				nite	d to	thos	se li	isted above) who	received		
more than \$100,000 in compensation from th	e organizat	ion 🕽	>								

• (A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson Irrect	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organization	on from d	(F) Estimated amount of other compensation
	related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	·MISC)	from the organization and related organizations
367) CELIA M. LESCANO, PHD	5.00							-			
D54-PAST PRESIDENT 368) DAVID ELKIN, PHD	0. 5.00	Х		X	<u> </u>			0.		0.	0
D54-PRESIDENT ELECT	0.	х		х				0.		Ο.	0
369) CHRISTINE T. CHAMBERS, PHD	5.00										
D54-SECRETARY	0.	Х		Х				0.		0.	0
D54-TREASURER	5.00 0.	x		х				0.		0.	0
371) ELEANOR MACKEY, PHD	5.00										
D54-MEMBER AT LARGE-TRAINEE	0.	Х			ļ			0.		0.	0
372) JESSICA M. VALENZUELA, PHD D54-MEMBER AT LARGE-DIVERSITY	5.00	x									
373) JENNIFER A. HANSEN-MOORE, PHD	5.00						<u> </u>	0.		0.	0
D54-MEMBER A LARGE-CONTINUING	0.	х						0.		0.	0
374) ANNE KAZAK, PHD, ABPP	5.00				-						
D54-APA COUNCIL REPRESENTATIVE	0.	х						0.		0.	О
375) KATIE DEVINE, PHD, MPH	5.00										
D54-MEMBER AT LARGE-MEMBERSHIP	0.	Х					<u> </u>	0.		0.	0
376) JEANNETTE ISKANDER, MA	5.00					1	ĺ			_	_
D54-STUDENT REPRESENTATIVE 377) DIANE T. CASTILLO	3.00	Х	-				_	0.		0.	0
D56-PRESIDENT	0.	x		Х				0.		0.	0
1b Sub-total	<u> </u>		L	1	<u> </u>		_	0.		0.	
c Total from continuation sheets to Part VII, S	ection A	• • •	• •	• •	• •		-				
d Total (add lines 1b and 1c)							•				
2 Total number of individuals (including but not	limited to t	hose	liste				o re	eceived more than	\$100,000	of	
reportable compensation from the organization	1 ▶	0.	•								Yes No
3 Did the organization list any former offic	er directo	r or	tri	iste	ا م	CEV E	mn	Novee or highes	t compans	hate	Yes No
employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ınd	ıvıdı	ual	• •						3 X
4 For any individual listed on line 1a, is the	sum of reg	ortab	ole c	om	pen	satioi	n ai	nd other compens	sation from	the	
organization and related organizations gre	eater than	\$15	0,0	00?	ⁱ If	"Yes	s," (complete Schedu	le J for :	such	
ındıvıdual											4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	satı	on 1	fron	any	uni	related organization	on or indivi	dual	
for services rendered to the organization? If "Yo Section B. Independent Contractors	es, compie	te Scr	ieau	iie J	tor	sucn	per	son		• • •	5 X
Complete this table for your five highest com	pensated ii	ndepe	ende	ent o	con	racto	rs t	hat received more	than \$100	000 0	of
compensation from the organization Report of year	ompensati	on for	the	са	lend	lar ye	ar e	ending with or with	nin the orga	nizatio	n's tax
(A)	<u></u>	-					Τ	(B)			(C)
Name and business add							+	Description of se	er vices		Compensation
							+				
							+				•
							1				
						-	\top				
2 Total number of independent contractors (in	1										

Part VII Section A. Officers, Directors, Tr		y <u>L 11</u>	ipic			anu	nıy		}	s (continu	<u>ea)</u>
. (A) Name and title	(B) Average hours per week (list any	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation fi	1	(F) stimated mount of other
	hours for related organizations below dotted line)	of or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	SC) fi org an	npensation from the ganization nd related ganizations
378) ELIZABETH CARLL	3.00										
D56-PAST-PRESIDENT, NOMS	0.	Х	<u> </u>	X				0.		0.	0
379) SYLVIA MAROTTA-WALTERS D56-PRESIDENT-ELECT	3.00	х		х				0.		0.	0
380) KATHLEEN KENDALL-TACKETT	3.00										
D56-SECRETARY, CHF JOURNAL ED	0.	Х		Х				0.		0.	0
381) LISA ROCCHIO	3.00			l							
D56-TREASURER, FINANCE COMM	0.	Х		Х	<u> </u>			0.		0.	
(382) DAWN HUGHES	1.00	}									
D56-COUNCIL REPRESENTATIVE	0.	Х			<u> </u>		L	0.		0.	C
(383) STEVEN N. GOLD	1.00	l								i	
D56-COUNCIL REPRESENTATIVE	0.	Х		_	<u> </u>			0.		0.	(
(384) CHRISTINE VALDEZ	1.00				ļ						
D56-EARLY CAREER REP	0.	Х			<u> </u>			0.		0.	
(385) DIVYA KANAAN	1.00				l						
D56-MEMBER-AT-LARGE, DIVERSITY	0.	Х			<u> </u>			0.		0.	
(386) CARLOS CUEVAS	1.00										
D56-MEMBER-AT-LARGE	0.	Х			<u> </u>			0.		0.	(
(387) ROBYN GOBIN	1.00						ĺ				
D56-MEMBER-AT-LARGE	0.	Х						0.		0.	(
(388) SHERRY WILCOX	1.00				ŀ						
D56-PROFESSIONAL AFFILIATE REP	0.	Х				<u> </u>		0.		0.	(
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)			 	 	: :		► • re	eceived more than	\$100,000 of		
reportable compensation from the organizatio		0							<u>, </u>		T., T.,
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.	er, directo	or, or ch ind	tru <i>lividi</i>	uste ual	е, 	key e	emp	oloyee, or highes	t compensate	3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	50,0	007	11	"Yes	5,"	complete Schedu	le J for suci	h	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satı	on '	fron	n any	un	related organization	on or individua		X
Section B. Independent Contractors											
Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	rvices	(C) Compen	
2. Total number of independent annual (ا - ماليرام				٠ ،	AL.	L				
2 Total number of independent contractors (ii more than \$100,000 in compensation from th	nciuding bi le organizat	ion 🎚	(1117 ►	nite	ם נכ	tnos	se II	isted above) who	received		

. (A) Name and title	(B) Average hours per week (list any hours for related	box, office	not ch unles er and	s pe dad	ition more rson irect	than or is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations (W-2/1099-MISC		(F) Estimated amount of other compensation	f
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	·MISC)	from the organizatio and related organization	d
9) LEAH KAYLOR D56-STUDENT REPRESENTATIVE	1.00	х						0.		0.		
0) VANESSA SIMIOLA D56-AWARDS COMMITTEE	1.00	х						0.		0.		
1) AMY ELLIS D56-AWARDS COMMITTEE	1.00	х						0.		0.		
2) BRYANN DEBEER D56-CONVENTION PROGRAM COMMITT	1.00	х						0.		0.		
3) DELISHIA PITTMAN D56-CONVENTION PROGRAM COMMITT	1.00	х						0.		0.		
4) GILBERT REYES D56-DISASTER RELIEF COMMITTEE	1.00	х						0.		0.		
5) BEKH BRADLEY-DAVINO D56-DIVERSITY & MULTICULTURAL	0.	х						0.		0.		
6) BETHANY BRAND D56-EDUCATION AND TRAINING COM	0.	х						0.	-	0.		
7) JANNA A. HENNING D56-EDUCATION AND TRAINING COM	0.	х						0.		0.		
8) GEORGE RHOADES D56-WEBINAR COMMITTEE 9) LAURIE ANNE PEARLMAN	0.	х						0.		0.		
D56-FELLOWS COMMITTEE	1.00	х						0.		0.		
1b Sub-total c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)	<u>.</u>						• re	ceived more than	\$100,000 a	of		_
reportable compensation from the organization		0 .									Yes	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ile J for suc	r, or ch ind	tru <i>ividu</i>	iste <i>ial</i>	e, I 	кеу е 	mp •••	loyee, or highes	t compens	ated	3	_
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	- If	"Yes,	" (complete Schedu	le J for s	such	4	_
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	mpen	satio	on f	rom	any	uni	elated organization	on or indivi	dual	5	_
Section B. Independent Contractors 1 Complete this table for your five highest com compensation from the organization Report c year	pensated in ompensation	ndepe	ende the	ent o	conf	ractor lar yea	s ti	hat received more	than \$100 nin the orga	,000 of inization	's tax	
(A) Name and business add	ress							(B) Description of se	rvices	Co	(C) ompensation	_
-10							-					_
												_

	· (A)	(B)	1		- 11	(C)			(D)	(F)	J	1	/E1
	Name and title	Average hours per week (list any	box,	unles	Pos check ess pe	sition k more erson	re than o n is both	an	Reportable compensation from	(E) Reportable compensation related		Estu	(F) imated ount of ther
		hours for related organizations below dotted line)	Individual trustee or director				Highest compensated employee	ee) Former	the	organization (W-2/1099-MI		compo fror organ and	ensation m the nization related nizations
100)	JACK TSAI D56-LIAISON COMMITTEE, PUBS	1.00	x						0.		0.		
101)	ERIN HAMBRICK	1.00		\vdash	\vdash	\vdash		\vdash		-			0
	D56-MEMBERSHIP COMMITTEE	0.	х		!		!		0.		0.		0
402)	JOSH RINKER	1.00	-l I		T 1			['					
	D56-MEMBERSHIP COMMITTEE	0.	х		⊥_'	⊥_'	<u> </u>	⊥_′	0.		0.		0
403)	DIANE ELMORE	1.00	-l I		'	'	'	1 '				Ī	
404)	D56-POLICY COMMITTEE PAUL FREWEN	0.	X	igspace	+-	<u> </u>	 	<u>—</u> ′	0.	<u></u>	0.		0
404,	PAUL FREWEN D56-PRACTICE COMMITTEE	1.00	X		1	1	'	1 '				1	0
405)	CONSTANCE DALENBERG	1.00	+	\vdash	 —	$+\!-\!\!\!\!-$	+-	\vdash	0.	<u> </u>	0.		0
*	D56-SCIENCE COMMITTEE	0.	$\frac{1}{x}$		1 1	1	'	1 '	0.		0.	1	0
406)	SEDA TERZYAN	1.00		\vdash	\vdash	\vdash	 	\vdash			"	 	
	D56-SPECIAL INTEREST GROUPS	0.	$ \mathbf{x} $	1 1	1	1	'	1 '	0.	_	0.	1	0
407)	CHRISTOPHER DECOU	1.00	-							-	_		
	D56-LISTSERV MANAGER	0.	х		1_'		1'	1_'	0.	.	0.		0
408)	ANNE P. DEPRINCE	1.00	-l					<u> </u>					
- 51	D56-MONOGRAPH SERIES CO-EDITOR	0.	X	igsqcup	\perp	<u> </u>	<u> </u>	<u>'</u>	0.	,	0.	Ĺ	0
4091	ANN CHU	1.00	- 1		1	[]	[]	<u> [</u>					
	D56-MONOGRAPH SERIES CO-EDITOR	0.	Х	igspace	$\perp \!\!\!\! \perp$	4	$\perp \!\!\!\! \perp$	<u></u>	0.		0.	<u> </u>	0
410,	BRYAN REUTHER D56-NEWSLETTER EDITOR	1.00	X		1	1	'	1 '			0	1	C
	Cub total	·		Ш	Щ	Щ		-	0.	 	0.		0
c d	Total from continuation sheets to Part VII, Sel Total (add lines 1b and 1c)	ection A	hose I	liste				o re		\$100,000 of			
	reportable compensation from the organization	1 🕨	0.	<u>. </u>	—								
•	office and the second s	· -A.		•						-4			Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	ir, or	tru '''ad	uste: 'a/	е, і	кеу е	₃mp	loyee, or highest	t compensate	ed	3	— -
4													
~	For any individual listed on line 1a, is the s		JOI Lau	ile									_ _
	organization and related organizations gre	vater than	\$15		. ሀሀን	` <i>I</i> †	໌ "Yes	٠.,	complete Schedu.				x
	organization and related organizations gre			50,00								4	
5	Individual	accrue cor	mpens	50,00 nsatio	on f	from	n any	unr	related organization	on or individu	 uai		
	Individual	accrue cor	mpens	50,00 nsatio	on f	from	n any	unr	related organization	on or individu	 uai	5	х
Sec	Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors	accrue cor es," complet	mpens te Sch	50,00 nsations	on fule J	from I for	n any r such	unr pers	nrelated organizations	on or individu	 ual 	5	Х
Sec	Individual	accrue cor es," complet	mpens te Sch	50,00 nsation hedui	ion f ule J	from J for cont	m any	unr pers	related organization	on or individu	 ual 	5 of	X
Sec	Did any person listed on line 1a receive or for services rendered to the organization? If "Yection B. Independent Contractors Complete this table for your five highest components of the organization Report of the organization of the organization report of the organization of the organization report of the organizati	accrue cor es," complet pensated in compensation	mpens te Sch	50,00 nsation hedui	ion f ule J	from J for cont	m any	unr pers	related organization	on or individu	ual 000 of	5 of	'
Sec	Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest components of the organization Report of year (A)	accrue cor es," complet pensated in compensation	mpens te Sch	50,00 nsation hedui	ion f ule J	from J for cont	m any	unr pers	that received more ending with or with	on or individu	ual 000 of	of on's tax	
Sec	Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest components of the organization Report of year (A)	accrue cor es," complet pensated in compensation	mpens te Sch	50,00 nsation hedui	ion f ule J	from J for cont	m any	unr pers	that received more ending with or with	on or individu	ual 000 of	of on's tax	,
Sec	Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest components of the organization Report of year (A)	accrue cor es," complet pensated in compensation	mpens te Sch	50,00 nsation hedui	ion f ule J	from J for cont	m any	unr pers	that received more ending with or with	on or individu	ual 000 of	of on's tax	,

、 (A) Name and title	(B) Average				C)			(D)	(E)		(F)
	hours per week (list any hours for	box, office	unles r and	neck sspe dad	rson	than o	an ee)_	Reportable compensation from the	Reportable compensation fro related organizations	m am	imated ount of other pensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	orga and	om the inization related nizations
11) TYSON BAILEY	1.00						_				
D56-WEB EDITOR	0.	Х						0.	C).	
L2) ERICA NASON	1.00	Į									
D56-WEB EDITOR	0.	X						0.).	
13) THOMAS PUSATERI	20.00	}		Ì ˈ				05.000	_		,
D02-EXECUTIVE DIRECTOR	0.			Х				25,000.).	(
14) JEAN HILL	33.00							70 000	,		,
D-27 EXECUTIVE DIRECTOR	0.			Х				70,000.		2-	(
							<u> </u>				
								,			
									,		
		1									
							-				
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						> >				
Total number of individuals (including but no reportable compensation from the organization)		hose 0.		d a	bove	e) wh	o re	ceived more than	\$100,000 of	-	_
3 Did the organization list any former of	ficer directo	or or	tri	iste	۾	kev e	mn	lovee or highes	t compensated		Yes N
employee on line 1a? If "Yes," complete School	edule J for su	ch ind	lıvıdı	ual			• •			3	X
4 For any individual listed on line 1a, is the organization and related organizations	greater than	\$15	50,0	007	If	"Yes	s, "	complete Schedu	le J for such		
<i>individual</i>	or accrue co	mpen	sati	on 1	fron	n any	un	related organizati	on or individual	4	
for services rendered to the organization? If Section B. Independent Contractors	res," comple	ie Sch	redu	ne J	i ior	such	per	son		5	
Complete this table for your five highest compensation from the organization Report year											
(A) Name and business	address			••				(B) Description of se	ervices	(C) Compens	ation
						**	F			-	
					•						
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Form 990 (2018) AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. 54-1572590 Page 9 Part VIII Statement of Revenue Related or Unrelated Total revenue Revenue exempt business excluded from tax function revenue under sections revenue 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1,573,424 Membership dues 1b 1c 1d Related organizations Government grants (contributions) . . L All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f \$. Total Add lines 1a-1f 1,904,101 Revenue **Business Code** REGISTRATION FEES/WORKSHOP/CE 900099 646,266 646,266 2a VARIOUS CONFERENCES 900099 133,209 133,209 Program Service JOURNAL REVENUE 900099 396,339 396,339 JOURNAL EDITORIAL SUPPORT 900099 88,927 88,927 All other program service revenue Total Add lines 2a-2f 1,264,741 Investment ıncome (including dividends, interest, 617,126 and other similar amounts). ▶ 617,126 Income from investment of tax-exempt bond proceeds . n Royalties 2,628,061 2,628,061 (II) Personal (ı) Real 6a Gross rents Less rental expenses . . . Rental income or (loss) . . c Net rental income or (loss). . (II) Other (i) Secunties 7a Gross amount from sales of assets other than inventory 4,498,524 Less cost or other basis 4,257,790 and sales expenses 240,734 Gain or (loss) Net gain or (loss) 240,734 240,734 8a Gross income from fundraising Other Revenue events (not including \$ _ of contributions reported on line 1c) See Part IV, line 18 a 0 Less direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19 a 0 0 Less direct expenses b Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances a 0 0 Less cost of goods sold Net income or (loss) from sales of inventory. \blacktriangleright Miscellaneous Revenue **Business Code** EDITOR STIPEND/ALLOWANCE 541900 467.411 467,411 11a

> 3,485,921 Form **990** (2018)

1,035

1,035

b

BROCHURES/NOVELTY ITEMS

All other revenue

ADVERTISING

11,321

1,035

7.469

487,236

7,141,999

11,321

7,469

1,750,942

900099

541800

Part IX. Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service Do not include amounts reported on lines 6b, 7b, (A) Total expenses (C) Management and (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 310,719 310,719. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 33,850 33,850. individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 20,000 20,000. 4 Benefits paid to or for members 0. 5 Compensation of current officers, directors, trustees, and key employees 0 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0. 0. 9 Other employee benefits 0. 11 Fees for services (non-employees) 380,911 49,523. 331,388 a Management 0 8,663. 8,663 0. 0. e Professional fundraising services See Part IV, line 17. f Investment management fees 137,728. 137,728 9 Other (If line 11g amount exceeds 10% of line 25, column 891,921. 269,997. 621,924 (A) amount, list line 11g expenses on Schedule O). ATCH 2. 18,899. 17,208. 1,691 318,925 148,719. 170,206 177,989. 6,398. 171,591 14 Information technology..... 57,267. 57,267. 15 Royalties........ Ω. 823,473. 439,628. 383,845 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 1,446,219. 6,510. 1,730,610. 277,881 19 Conferences, conventions, and meetings 0 21 Payments to affiliates..... 0. 0. 22 Depreciation, depletion, and amortization 500. 500 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) aHONORARIUM/STIPEND 782,201. 592,457. 189,744 _bAWARDS 332,162. 331,056. 1,106 CONTRIBUTIONS/DONATIONS 156,327. 104,177. 51,700 450. dEDUCATION/WORKSHOPS 27,268 24,068. 3,200 57,916. 39,062. 18,854 e All other expenses 6,267,329. 3,890,348. 2,370,021. 6,960. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) 0

Balance Sheet Part X (A) (B) Beginning of year End of year 966,731. 1,024,006. 1 Savings and temporary cash investments 7,266,713. 6,684,379. 2 2 3 0. 3 428,911. 903,330. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0. Ο. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L n Ο. 6 0 0. 7 0. 0. 8 230,254. 236,138. 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 0. 0. b Less accumulated depreciation. 10b 10c Investments - publicly traded securities 17,752,198. 17,070,692. 11 Investments - other securities See Part IV, line 11 0. 12 12 Investments - program-related See Part IV, line 11 0. 13 0. 13 14 Ο. 0. 14 15 517. 476. 15 26,645,324. 25,919,021. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses....... 292,162. 253,063. 17 17 Ο. 18 18 982,841. 1,163,340. 19 19 0 Ο. 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 0. 0. 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 0 0. 22 Secured mortgages and notes payable to unrelated third parties 0 0. 23 Unsecured notes and loans payable to unrelated third parties..... 0. 0. 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 0. Total liabilities. Add lines 17 through 25...... 1,455,502. 1,235,904. 26 Organizations that follow SFAS 117 (ASC 958), check here | X | and complete lines 27 through 29, and lines 33 and 34. Balances 27 24,122,387. 23,866,214. 27 1,067,435. 28 816,903. 28 29 0. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ŏ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Set 33 25,189,822. 24,683,117. 33 26,645,324. 25,919,021. 34

Form 99	90 (2018)		ı		Pa	ge 12
Part	XI Reconciliation of Net Assets		1			
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	7,1	41,9	99.
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2	67,3	329.
3	Revenue less expenses Subtract line 2 from line 1	3	-	8	74,6	570.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	25,1	89,8	322.
5	Net unrealized gains (losses) on investments	5	1	-1,4	83,7	775.
6	Donated services and use of facilities	6	1			0.
7	Investment expenses	7	i			0.
8	Prior period adjustments	8	1		-1,3	L49.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	!	1	03,5	549.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		i i			
	33, column (B))	10	-	24,6	83,1	17.
Part	•		•			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>		
					Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	ı in			ŀ
	Schedule O		·	ļ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both		ĺ			
	Separate basis Consolidated basis Both consolidated and separate basis		i			
b	Were the organization's financial statements audited by an independent accountant?		. ! .	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed o	n a			
	separate basis, consolidated basis, or both		•			
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of	vers	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent according			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplaıı	n in			
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forti	n in			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	-	3b	i	
			1	Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

➤ Attach to Form 990 or Form 990-EZ ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Name of the organization AMERICAN	PSYCHOLOGICA	L ASSOCIATION,	INC.		Employer identific	cation number
GROUP RETURN					54-157259	90
Part I Reason for Public Cha	rity Status (All c	rganizations must o	omplete	this pai	rt) See instructions	•
The organization is not a private fou	indation because it	is (For lines 1 through	gh 12, ch	eck only o	one box)	
1 A church, convention of ch						\sim
2 A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990-	EZ))	
3 A hospital or a cooperative	•	-			,, ,, ,	0 /
4 A medical research organiz	zation operated in	conjunction with a hos	spital des	scribed in	section 170(b)(1)(A)	(iii). Enter the
hospital's name, city, and s						
5 An organization operated		a college or universit	y owner	d or oper	ated by a governme	ntal unit described in
section 170(b)(1)(A)(iv). (0						
6 A federal, state, or local go	-			-		
7 X An organization that norm	-	· ·	pport fro	om a gov	ernmental unit or fro	om the general public
described in section 170(b		•				
8 A community trust describe			-			
9 An agricultural research or	=			-	•	
or university or a non-land-	grant college of ag	griculture (see instruct	ions) Ei	nter the n	ame, city, and state of	the college or
university		4 00 0/ -f . t-				
An organization that normal receipts from activities related support from gross investing acquired by the organization	ated to its exempt fi nent income and u	functions - subject to nrelated business tax	certain e able inco	xceptions me (less	s, and (2) no more that section 511 tax) from	n 331/3 %of its
11 An organization organized	and operated excl	usively to test for publi	c safety	See sect	tion 509(a)(4).	
12 An organization organized	and operated exclu	usively for the benefit	of, to pe	erform the	e functions of, or to c	arry out the purposes
of one or more publicly su						
Check the box in lines 12a	through 12d that d	escribes the type of s	upporting	g organiza	ation and complete lir	nes 12e, 12f, and 12g
a Type I. A supporting org	anization operated	, supervised, or contr	olled by	its suppo	orted organization(s),	typically by giving
the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
supporting organization	You must complet	te Part IV, Sections A	and B.			
b Type II. A supporting org	janization supervis	ed or controlled in co	nnection	with its	supported organization	on(s), by having
control or management of	of the supporting o	organization vested in	the sam	e persons	s that control or man	age the supported
organization(s) You mus	t complete Part IV	, Sections A and C.				
c Type III functionally inte						ly integrated with,
ıts supported organizatioi	• • •	•				
d Type III non-functionally	- ·					= ::
that is not functionally int	-		-		•	d an attentiveness
requirement (see instruct	•					
e Check this box if the orga						I, Type III
functionally integrated, or			porting o	organizati	on	
f Enter the number of supported g Provide the following information	=				• • • • • • • • • • • • • • • • • • • •	
(i) Name of supported organization	(ii) EIN	· · · · · · · · · · · · · · · · · · ·	(m) 1- 11-		(v) Amount of manatane	(vi) Amount of
(i) Name of Supported Organization	(11) E114	(iii) Type of organization (described on lines 1-10	1 ' '	organization ur göverning	(v) Amount of monetary support (see	other support (see
		above (see instructions))		ment?	instructions)	instructions)
	 	"	Yes	No	-	-
(A)						
			<u> </u>			
(B)						
	-			-		
(C)						
(D)						
		-	_		-	-
(E)						
			1			
Total	1	1	1	1		l

Schedule A (Form 990 or 990-EZ) 2018

, Pai	Support Schedule for Orga (Complete only if you checked Part III If the organization fail	ed the box on I	line 5, 7, or 8 (of Part I or if the	ne organizatio	n failed to qua	(vi) lify under
Sec	tion A. Public Support				<u> </u>		 -
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,201,603	2,244,808	2,395,478	1,993,188	1,904,101	10,739,178
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total Add lines 1 through 3	2,201,603	2,244,808	2,395,478	1,993,188	1,904,101	10,739,178
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6	Public support Subtract line 5 from line 4						10,739,178
Sec	tion B. Total Support		r				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,201,603	2,244,808	2,395,478	1,993,188	1,904,101	10,739,178
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,446,044	2,514,311	3,202,543	2,830,475	3,245,187	14,238,560
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,191	9,145	3,930	2,320	1,035	20,621
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10						24,998,359
12	Gross receipts from related activities, etc. (s	•				12	10,068,110
13	First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup		· · · · · · · · · · · · · · · · · · ·	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ►
		·		44 1 (6)		44	42.96%
14 15	Public support percentage for 2018 (In Public support percentage from 2017						46.41%
	331/3% support test - 2018. If the organization						
· oa	box and stop here . The organization q						
b	331/3% support test - 2017. If the org						
-	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 2			-			
	10% or more, and if the organization						
	Part VI how the organization meets t						
	organization						▶ □
b	10%-facts-and-circumstances test - 2	2017 . If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization				_		
18	supported organization						
	instructions						
						chedule A (Form 9	

Schedule A (Form 990 or 990-EZ) 2018

Page 3

Part III	Support Schedule 1	for Organizations	Described in Section	509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·		ı	
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
	received (Do not include any "unusual grants ")					i	
2	Gross receipts from admissions, merchandise					1	
	sold or services performed, or facilities						X
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					<u>'</u>	
3	Gross receipts from activities that are not an					/ !	
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the					ı	
	organization without charge						
6	Total. Add lines 1 through 5					ŧ	
7 a	Amounts included on lines 1, 2, and 3					†	
	received from disqualified persons			ſ			
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			/			
С	Add lines 7a and 7b			/		<u> </u>	
8	Public support (Subtract line 7c from						
	line 6)			/		<u> </u>	
	tion B. Total Support		1	/		1	T
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		/				
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources					1	
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses					1	
_	acquired after June 30, 1975		/			1	
	Net income from unrelated business					 	
11	activities not included in line 10b,					,	
	whether or not the business is regularly	. / '				1	
	carried on	/ -					
12	Other income Do not include gain or	· / '					
	loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,/	<u></u>				· · · · · · · · · · · · · · · · · · ·	
. •	and 12)	I				;	
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd. third. fourth.	or fifth tax v	ear as a sectio	n 501(c)(3)
-	organization, check this box and stop here	-				•	▶ □
Sec	tion C. Computation of Public Sup					1	
15	Public support percentage for 2018 (line 8	•		mn (f))		. 15	%
16	Public support percentage from 2017 Sche	edule A, Part III, Iir	ne 15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income perçentage for 2018 (li			13, column (f))		17	%
18	Investment income percentage from 2017		•			18 '	%
	331/3% support tests - 2018 If the or					e than 331/3%,	and line
	17 is not more than 331/3%, check th						_
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization			-			. 🖂
JSA	/					Schedule A (Form	990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b c	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	 	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40:		
b	supporting organizations)? If "Yes," answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10a 10b		

Schedule A (Form 990 or 990-EZ) 2018 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below C The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) No Yes 2 Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	· ·
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 (explai	n in Part VI) See
instructions. All other Type III non-functionally integrated supporting organiz			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7) Thor real	(optional)
1 Net short-term capital gain	1		1
2 Recoveries of prior-year distributions	2		1
3 Other gross income (see instructions)	3		1
4 Add lines 1 through 3	4		1
5 Depreciation and depletion	5		1
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			•
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		•
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		1
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
Occition D Timinian Accordance			(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			-
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		1
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		1
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			:
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		1
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		1
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		1
6 Multiply line 5 by 035	6		1
7 Recoveries of prior-year distributions	7		1
8 Minimum Asset Amount (add line 7 to line 6)	8		1
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	, , , , , , , , , , , , , , , , , , ,	1
2 Enter 85% of line 1	2		1
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		1
4 Enter greater of line 2 or line 3	4		1
5 Income tax imposed in prior year	5	· · · · · · · · · · · · · · · · · · ·	;
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		1
7 Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting	organization (see
instructions)		M. s selbbermi	1

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E - Distribution Allocations (see instructions) **Underdistributions** Distributable **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C. line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 From 2013 From 2014 From 2015 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, line 7 Applied to underdistributions of prior years Applied to 2018 distributable amount Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2019. Add lines 3j and 4c Breakdown of line 7 Excess from 2014.... Excess from 2015.... Excess from 2016.... С Excess from 2017.... Excess from 2018....

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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Part VI Sup

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

20**18**

➤ Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Open to P

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. Employer identification number GROUP RETURN 54-1572590 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . . > \$ No No b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1) (2) (3) (4) (5) (6)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

	Lobbying Expendi	tures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	361,945.	350,304.	345,156.	344,517.	1,401,922
b Lobbying ceiling amount (150% of line 2a, column (e))				3	2,102,883
c Total lobbying expenditures				1	
d Grassroots nontaxable amount	90,486.	87,576.	86,289.	86,129.	350,480
e Grassroots ceiling amount (150% of line 2d, column (e))					525,720
f Grassroots lobbying expenditures				!	

Schedule C (Form 990 or 990-EZ) 2018

Dur legs refe a Volument Medical Medic	"Yes," response on lines 1a through 1i below, provide in Part IV a detailed on of the lobbying activity Ing the year, did the filing organization attempt to influence foreign, national, state, or local station, including any attempt to influence public opinion on a legislative matter or rendum, through the use of inteers? It staff or management (include compensation in expenses reported on lines 1c through 1i)? In advertisements? Ings to members, legislators, or the public? Include or broadcast statements? Ints to other organizations for lobbying purposes?		No		Amo	unt	
legi refe a Volu b Paid c Med d Mai e Pub f Gra g Dire h Rall i Oth	slation, including any attempt to influence public opinion on a legislative matter or rendum, through the use of inteers? I staff or management (include compensation in expenses reported on lines 1c through 1i)? In advertisements? In this is to other organizations for lobbying purposes?						
refe a Volu b Paic c Mec d Mai e Pub f Gra g Dire h Rall i Oth	rendum, through the use of inteers? I staff or management (include compensation in expenses reported on lines 1c through 1i)? It is advertisements? Ings to members, legislators, or the public? Incations, or published or broadcast statements? Ints to other organizations for lobbying purposes?						
a Volumber Pub f Grag Direct h Rall	Inteers?						
b Paid c Med d Mai e Pub f Gra g Dire h Rall	staff or management (include compensation in expenses reported on lines 1c through 1i)?. lia advertisements?						
c Med d Mai e Pub f Gra g Dire h Rall i Oth	lia advertisements?						
d Mai e Pub f Gra g Dire h Rall i Oth	lings to members, legislators, or the public?		-				
e Pub f Gra g Dire h Rall i Oth	lications, or published or broadcast statements?					-	_
f Gra g Dire h Rall i Oth	nts to other organizations for lobbying purposes?						_
g Dire h Rall i Oth							_
h Rall i Oth							_
i Oth	ct contact with legislators, their staffs, government officials, or a legislative body?		├				
	es, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		 				_
	er activities?						_
	al Add lines 1c through 1:						
	the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	es," enter the amount of any tax incurred under section 4912						—
c If"Y d Ifth	es," enter the amount of any tax incurred by organization managers under section 4912 e filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	Complete if the organization is exempt under section 501(c)(4), section 501		\	ootio			_
art III	501(c)(6).	(6)(5)	, Oi s	ecuo	''		
						Yes	ī
Wei	re substantially all (90% or more) dues received nondeductible by members?				1		Γ
Did	the organization make only in-house lobbying expenditures of \$2,000 or less?		• • •		2		Г
Did Did	the organization agree to carry over lobbying and political campaign activity expenditures fro	m the	prior	vear?	.3		Γ
art III-	- · · · · · · · · · · · · · · · · · · ·					•	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (b) Pa	rt III-/	۹, line	3, is	
	answered "Yes."			,			
Due	s, assessments and similar amounts from members			1			
	tion 162(e) nondeductible lobbying and political expenditures (do not include amoutical expenses for which the section 527(f) tax was paid).	unts	of				
a Curi	ent year			2a			
b Car	yover from last year			2b			
				2c			
Agg	regate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	ess does the organization agree to carryover to the reasonable estimate of nondeductible li						
	political expenditure next year?	•	•	4			
Tax	able amount of lobbying and political expenditures (see instructions)			5			
art IV	Supplemental Information						
ovide ti	ne descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate	d gro	up list), Par	ill-A, lı	nes 1	а
ovide ti (see ins	ne descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate tructions), and Part II-B, line 1. Also, complete this part for any additional information	ed gro	up list), Par	II-A, lı	nes 1	

Schedule C (Form 990 or 990-EZ) 2018

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

► Go to www irs.gov/Form990 for instructions and the latest information.

Open to Public

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. Name of the organization Employer identification number GROUP RETURN 54-1572590 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Aggregate value at end of year...... 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register........... 2 d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ĥ Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Schedule Q (Form 990) 2018 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued. 3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition d а Loan or exchange programs b Scholarly research Other C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table Amount 1c 1d 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior year (a) Current year (c) Two years back (d) Three years back (e) Four years back 4,082,479. 2,952,855. $2,516,\overline{448}.$ 3,458,433. 3,114,796. 1a Beginning of year balance 110,000. 80,000. 200,000. 200,000. 400,000. c Net investment earnings, gains, -149,882. 562,557. 160,144. -38,059. 69,536. and losses........ d Grants or scholarships Other expenditures for facilities 130,000. 19,639. 18,511. 16,507. 33,129. f Administrative expenses 3,892,958. 4,082,479. 3,114,796. 2,952,855. 3,458,433. g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 100.0000 % Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the No organization by Yes 3a(i) Х Х 3a(ii) 3b b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation c Leasehold improvements...... Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).

Schedule D (Form 990) 2018

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D		2
rac	ce.	-

Part VII	Investments - Other Securities.	/ W / E 000	
		d "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
I) Financi	al derivatives		
	-held equity interests		
Other			
(A)			
(B)			***
(C)			
(D)			
(E)		-	
	****	-	
(F)	* ***		
(G)	7.1.2		
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12)		
art VIII			
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11c See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)			
2)			
(3)	P3 - 10		
(4)			
(5)			
(6)			
		}	
(7)		1	
(8)	MAIN .		
(8) (9)	in (b) must equal Form 990, Part X, col (B) line 13)		
	in (b) must equal Form 990, Part X, col (B) line 13)		
(8) (9)	Other Assets.	d "Yes" on Form 990) Part IV line 11d. See Form 990. Part X line 15
(8) (9) otal (Colum	Other Assets. Complete if the organization answere), Part IV, line 11d. See Form 990, Part X, line 15.
(8) (9) otal (Colum Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) tal (Colum Part IX	Other Assets. Complete if the organization answere		
(8) (9) tal (Column Part IX (1)	Other Assets. Complete if the organization answere		
(8) (9) tal (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answere		
(8) (9) tal (Colum art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answere		
(8) (9) tal (Colum art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answere		
(8) (9) tal (Colum art IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere		
(8) (9) tal (Colum art IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere		
8) 9) tal (Colum art IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere		
(8) (9) tal (Colum art IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere		
(8) (9) tal (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) D	escription	(b) Book value
(8) (9) tal (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization answere (a) D (b) must equal Form 990, Part X, col (B)	escription	(b) Book value
(8) (9) tal (Column (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) D umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere	line 15)	(b) Book value
(8) (9) otal (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25	line 15)ed "Yes" on Form 990	(b) Book value
(8) (9) otal (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	line 15)	(b) Book value
(8) (9) tal (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25	line 15)ed "Yes" on Form 990	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Collart X	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	line 15)ed "Yes" on Form 990	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colorart X	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	line 15)ed "Yes" on Form 990	(b) Book value
(1) Fede (2) (3)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	line 15)ed "Yes" on Form 990	(b) Book value
(8) (9) tal (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. Part X	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	line 15)ed "Yes" on Form 990	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fede (2) (3) (4) (5)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	line 15)ed "Yes" on Form 990	(b) Book value
(8) (9) tal (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (1) Fede (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	line 15)ed "Yes" on Form 990	(b) Book value
(8) (9) tal (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col Part X (1) Fede (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	line 15)ed "Yes" on Form 990	(b) Book value
(8) (9) Dtal (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal (Col Part X (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	line 15)ed "Yes" on Form 990	(b) Book value
(8) (9) otal (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) D (a) D (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25 (a) Description of liability	line 15)ed "Yes" on Form 990	(b) Book value

	le D (Form 990) 2018		Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n. '	
1	Total revenue, gains, and other support per audited financial statements	1 ,	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	, ,	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3,	 .
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	;	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 :1	
b	Other (Describe in Part XIII)	ļ	
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete If the organization answered "Yes" on Form 990, Part IV, line 12a	ırn.	
1	Total expenses and losses per audited financial statements	1:	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	,	
а	Donated services and use of facilities]	•
b	Prior year adjustments] ;	
С	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3 '	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	. ;	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c'	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part	XIII Supplemental Information.	ı	
Provid	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa	art V, line	e 4, Part X, line
z, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SCH	D, PART V, LINE 4	1	
		:	
DIVI	SION 53 USES THESE FUNDS TO SUPPORT STUDENT DISSERTATION RESEARCH.	!	
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54-1572590

Schedule D (Form 990) 2018 AMERICAN PSYCHO Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

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SCHEDULE F . (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

54-1572590

GROUP RETURN General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b

1	For grantmakers. Does the organssistance, the grantees' eligibility grants or assistance?	ty for the grant	ts or assistance	e, and the selection criteri	a used to award the	X Yes No
2	For grantmakers. Describe in loutside the United States					d other assistance
3	Activities per Region (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of ,	(f) Total expenditures for and investments in the region
(1)	NORTH AMERICA	0	. 0	GRANTMAKING		6,000
(2)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		10,000
(3)					·	
(4)		:				
(5)						
(6)						:
(7)						
(8)						
(9)	•					
(10)						
(11)						
(12)						
(13)						
(14)					;	
(15)						
16)						
17)				·		
3a	Subtotal					16,000
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					16 000

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5 000 Part II can be disclosed. Part II

	Farriy, illie 15, for any recipient who received more train \$5,000. Parrin can be duplicated in additional space is needed.	ecipieiii wilo lecel	ved IIIOIE IIIaii \$3,000. r	alt II call be d	upilcated il additt	ilal space is i	neenen.		
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
. (5		-	NORTH AMERICA	EARLY-CAREER RESEARCH SUP	000'9	СНЕСК			FMV
				PSYCHOTHERAP					
(5)			MIDDLE EAST/NORTH AFRICA	RESEARCH	10,000	СНЕСК			FMV
(3)		-							, mar
(4)									
(5)									
(9)	A LEAD OF THE THE THE THE THE THE THE THE THE THE								
(2)								-	
(8)									
(6)									
(10)	in the constraints	1 1 Mart Manuel Daniel 1 1 1 1							
(11)	-								
(12)									
(13)	The control of the first maximum of the control of	u mer 1100 1 1							
(14)	-								
(15)	The state of the s	-				,			
(16)		\$							
2 Finter to	Enter total number of recipient organizations listed above that are reconnized as charities by the foreign country, reconnized as fax-exempt	anizations listed above	o that are recognized as	harities by the f	oreion country rec	nanized as tax-	exemnt		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities. က

Schedule F (Form 990) 2018

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AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

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(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash dısbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)						,	
(9)							
(2)							
(8)							
(6)							
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(12)							
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(15)							
(16)							
(17)					,	•	
(18)						_	
						Schee	Schedule F (Form 990) 2018

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ched	ùle F (Form 990) 2018	Page 4
Pari	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990). Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see	

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2018

X No

Yes

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

DIVISION 15,

AT THE END OF THE GRANT PERIOD, THE RECIPIENT (WITH THE HELP OF THEIR UNIVERSITY'S CONTRACTS AND GRANTS OFFICE) IS RESPONSIBLE TO REPORT THE DISTRIBUTION OF THEIR GRANT MONIES.

DIVISION 29,

ALL GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A COMPREHENSIVE REPORT INCLUDING A FULL ACCOUNTING OF FUNDS WITHIN 6 MONTHS OF THE RESEARCH PROJECT'S COMPLETION. GRANT FUNDS NOT SPENT ON THE PROJECT WITHIN 2 YEARS MUST BE RETURNED. AFTER THE PROJECT IS COMPLETED, RECIPIENTS ARE REQUIRED TO SUBMIT A PRACTITIONER-FRIENDLY SUMMARY OF THE RESEARCH FOR PUBLICATION IN PSYCHOTHERAPY BULLETIN AND/OR THE WEBSITE OF THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY.

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization GROUP RETURN

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

OMB No 1545-0047

Open to Public Inspectior

Employer identification number

54-1572590

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General Information on Grants and Assistance Part I

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

Part II	Grants and Other Assistance to Domestic Organia	rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 21, for any recipient that received mor	I more than \$5,000. Part II can be duplicated if additional space is needed.
•		

						3	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SALISBURY UNIVERSITY							SUPPORT EARLY-CAREER
1101 CAMDEN AVENUE SALISBURY, MD 21801	52-6002033	501(C)(3)	6,000				RESEARCH
(2) REGENTS OF THE UNIV OF CALIFORNIA, LA					•		
760 WESTWOOD PLAZA, LOS ANGELES, CA 90024	95-6006143	501(C)(3)	15,000				RESEARCH SUPPORT
(3) PSYCHOLOGICAL & NEUROBEHAVIORAL ASSOCIATES							
101 REGENT CT, STATE COLLEGE, PA 16801	59-3773455	501(C)(3)	15,000				RESEARCH SUPPORT
(4) PALO ALTO UNIVERSITY							SUICIDE RISK ASSESS
1791 ARASTRADERO ROAD PALO ALTO, CA 94304	94-2340692	501 (C) (3)	50,000				SMARTPHONE APP
(5) MIAMI INT'L CHILD & ADOLESCENT MENTAL HEALT							
11200 SW 8TH STREET MIAMI, FL 33199	65-0177616		15,000				CONFERENCE SUBSIDY
(6) NAT'L CONF IN CLINICAL CHILD & ADOLESCENT P							
1000 SUNNYSIDE AVE, LAWRENCE, KS 66045	48-1124839		20,000				CONFERENCE SUBSIDY
(7) HELPING GIVE AWAY PSYCHOLOGICAL SCIENCE							SCCAP WEBSITE
103 WESTCHESTER PL CHAPEL HILL, NC 27514	82-2966807	501(C)(3)	30,000				ASSESSMENT CENTER
(8) THE NEMOURS FOUNDATION							
10140 CENTURION PKWY JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	20,000				RESEARCH
(9) CINCINNATI CHILDREN'S HOSPITAL MEDICAL CTR							
3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501(C)(3)	20,000				RESEARCH
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government org	overnment o	irganizations list	janizations listed in the line 1 table	je	•	•	7.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2018)

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Schedule I (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 22. Part III can be duplicated if additional space is needed Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ABIDIN	ABIDIN EARLY CAREER GRANT AND AWARD	ī	20,000			
2						
က						
4						
5						
9						
2						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nformation re	quired in Part I, I	line 2, Part III, c	olumn (b), and any o	ther additional

DIVISION 15,

AT THE END OF THE GRANT PERIOD, THE RECIPIENT (WITH THE HELP OF THEIR

UNIVERSITY'S CONTRACTS AND GRANTS OFFICE) IS RESPONSIBLE TO REPORT THE

DISTRIBUTION OF THEIR GRANT MONIES.

DIVISION 40,

AT THE END OF THE GRANT PERIOD, THE RECIPIENT ORGANIZATION MUST PROVIDE A

REPORT THAT DETAILS ALL ACTIVITIES THAT TOOK PLACE IN THE CONTEXT OF THIS

GRANT, ALONG WITH A DETAILED ACCOUNT OF EXPENDITURES AND RETURN OF ANY

USED FUNDS. COPIES OF CONFERENCE PRESENTATIONS AND JOURNAL PUBLICATIONS

Schedule I (Form 990) (2018)

PAGE 79

Part III

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule | (Form 990) (2018)

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
7						
က						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

3 OF RESEARCH THAT WAS CONDUCTED WITH GRANT SUPPORT MUST ALSO BE PROVIDED information.

AT THAT TIME. THE OVERALL PURPOSE OF THIS GRANT IS TO (A) SUPPORT EARLY

CAREER NEUROPSYCHOLOGISTS IN THEIR RESEARCH, AND (B) TO SOCIALIZE THEM

INTO THE DIVISION BY HAVING THEM SERVE ON DIVISIONAL COMMITTEES.

DIVISION 41,

THE ORGANIZATION SPECIFIES WHAT THE FUNDS CAN AND CANNOT BE USED FOR AND

REQUIRES THAT A FINAL REPORT BE SUBMITTED AT THE END OF THE GRANT PERIOD.

THE ORGANIZATION AWARDS THE MONIES TO THE AWARDEES INSTITUTION (NOT

DIRECTLY TO THE AWARDEE) AND THE INSTITUTION'S OFFICE OF SPONSORED

Schedule I (Form 990) (2018)

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Schedule I (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part III

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	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
+							
2							
က							
4							
5							
9							
7							
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nformation rec	quired in Part I, I	ıne 2, Part III, o	olumn (b), and any o	ther additional	

RESEARCH LOOKS AFTER TRACKING THE EXPENSES, AS PER THE AGREEMENT THEY

SIGN WITH OUR ORGANIZATION.

DIVISION 53,

THE APPLICATION PROCESS REQUIRES THE APPLICANT TO SPECIFY HOW THE FUNDS

WILL BE USED. THE DIVISION SPECIFIES THAT FUNDS MAY NOT BE USED FOR

INDIRECT COSTS. THE AWARDEE THEN MUST SUBMIT A BUDGET OF ACTUAL

EXPENSES.

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V 18-7.6F

Schedule I (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	i ait ill call be duplicated il additional space is necessi.	ce is receded.				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
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4						
S						
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7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional	nformation rec	quired in Part I, I	ine 2, Part III, c	olumn (b), and any o	ther additional

information.

DIVISION 54,

ANNUAL OR SEMI-ANNUAL, WRITTEN PROGRESS REPORTS ARE REQUIRED BY THE BOARD

TO DOCUMENT ADEQUATE PROGRESS TOWARD GRANT AIMS AND USE OF FUNDS.

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Inspection Employer identification number

OMB No 1545-0047

Open to Public

54-1572590

GROUP RETURN

FORM 990, PART I, LINE 6

THIS NUMBER REPRESENTS THE ELECTED MEMBERS OF THE GOVERNING BODIES OF THE VARIOUS DIVISIONS. THIS NUMBER IS NOT REPRESENTATIVE OF ALL VOLUNTEERS AS IT DOES NOT INCLUDE VOLUNTEERS WHO MAY HAVE SERVED THE DIVISIONS IN OTHER WAYS.

FORM 990, PART III, LINE 1

DIVISIONS OF THE APA: DIVISIONS SUPPORT AND ENCOURAGE THE EDUCATION, SCIENTIFIC STUDY, PROMOTION OF HUMAN WELFARE AND INFORMATION DISSEMINATION RELATED TO VARIED DISCIPLINES OF PSYCHOLOGY, AND THE ADVANCEMENT OF THOSE PSYCHOLOGY DISCIPLINES IN SERVING THE PUBLIC.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES INCLUDE VARIOUS TASK FORCES AND COMMITTEES WORKING ON PROGRAMMATIC ISSUES.

FORM 990, PART VI, SECTION A, LINES 1A AND 1B EACH DIVISION HAS A GOVERNING BODY OF 8 TO 25 MEMBERS, ALL OF WHOM ARE INDEPENDENT AND ELECTED BY THE MEMBERS OF THE DIVISION.

FORM 990, PART VI, SECTION A, LINE 3 DIVISIONS 12, 29 AND 35 ARE THE ONLY DIVISIONS THAT DELEGATED CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS OR TRUSTEES, OR KEY EMPLOYEES TO A Name of the organization GROUP RETURN

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number 54 - 1572590

MANAGEMENT COMPANY OR OTHER PERSON.

FORM 990, PART VI, SECTION A, LINE 4 DIVISION 27:

THE MEMBERSHIP SECTION OF THE BY-LAWS WAS MODIFIED AS FOLLOWS:

- 1) TO CREATE A MEMBERSHIP CATEGORY OF STUDENT ASSOCIATE.
- 2) TO INCLUDE THE SENIOR, INTERNATIONAL, EARLY CAREER AND UNDERGRADUATE CATEGORIES, WHICH ARE EXISTING, LONG-STANDING CATEGORIES OF MEMBERSHIP THAT WERE NEVER ADDED TO THE BY-LAWS.
- 3) TO DELETE THE REQUIREMENT THAT ALL NEW MEMBERS BE ELECTED BY A MAJORITY VOTE OF THE MEMBERSHIP AT THE ANNUAL MEETING.
- 4) TO DELETE THE STATEMENT "WITH THE EXCEPTION OF HOLDING OFFICE IN THE SOCIETY" FROM THE LANGUAGE REGARDING THE RIGHTS AND PRIVILEGES OF STUDENT MEMBERS.
- 5) TO DELETE THE PARAGRAPH REQUIRING STUDENT MEMBERS TO SUBMIT

 CERTIFICATION OF STUDENT STATUS, THE ROLE OF THE TREASURER IN APPROVING

 STUDENT APPLICATIONS, AND THE ROLE OF THE EC IN APPROVING STUDENT

 MEMBERS.

DIVISION 29:

BYLAWS CHANGES THAT FURTHER DEFINED VOTING RIGHTS AND PARTICIPATION
RIGHTS OF VARIOUS MEMBER CATEGORIES, ADDED ONE NEW CATEGORY OF STUDENT
MEMBERSHIP.

DIVISION 50:

CHANGES WERE MADE TO THE BYLAWS TO REVISE TERMINOLOGY AROUND SUBSTANCE

Name of the organization GROUP RETURN

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number 54-1572590

USE AND RELATED DIAGNOSES, CLARIFY ASPECTS OF THE BYLAWS ABOUT WHICH

THERE HAD BEEN QUESTIONS, AND FORMALLY ADD 7 COMMITTEES THAT HAD BEEN

OPERATING ON AN AD HOC BASIS.

FORM 990, PART VI, SECTION A, LINE 7A

THE DIVISIONS ARE MEMBERSHIP ORGANIZATIONS WHOSE MEMBERS ELECT THE
GOVERNING BODIES.

FORM 990, PART VI, SECTION A, LINE 7B

THE DIVISIONS ARE MEMBERSHIP ORGANIZATIONS WHOSE MEMBERS ELECT THE
GOVERNING BODIES.

FORM 990, PART VI, SECTION B, LINE 11

APA MANAGEMENT PERFORMS A THOROUGH REVIEW OF A DRAFT OF THE 990. BOARDS

OF THE DIVISIONS WERE REQUESTED TO DELEGATE THE POWER TO RECEIVE THE 990

TO THE PRESIDENT, AND A FINAL COPY OF THE 990 WAS PROVIDED TO THE

PRESIDENT OF EACH DIVISION INCLUDED IN THIS CONSOLIDATED RETURN PRIOR TO

IT BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL DIVISIONS AND OFFICERS ARE REQUIRED, ON A MEETING BY MEETING BASIS, TO RECUSE THEMSELVES FROM ANY CONFLICT IN VIOLATION OF THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15

THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS, OFFICERS, AND KEY EMPLOYEES

ARE NOT COMPENSATED. SOME RECEIVE SMALL HONORARIUMS OR ARE COMPENSATED

Name of the organization GROUP RETURN

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

54-1572590

THROUGH A THIRD-PARTY MANAGEMENT COMPANY.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST AT THE OFFICES OF AMERICAN PSYCHOLOGICAL

ASSOCIATION.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

DIVISION 49 BEGINNING NET ASSETS: \$103,549

FORM 990, SECTION H, LINE B

DIVISIONS INCLUDED IN THE GROUP RETURN:

EIN NAME

13-3407848 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

39 PSYCHOANALYSIS

22-2214523 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

29 SOCIETY FOR THE ADVANCEMENT OF

22-3138182 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

49 SOCIETY OF GROUP PSYCHOLOGY & GR

52-1520869 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

27 SOCIETY FOR COMMUNITY RESEARCH A

52-1563957 AMERICAN PSYCHOLOGICAL ASSOCIATION INC

36 PSYCHOLOGY OF RELIGION & SPIRITU

Employer identification number 54-1572590

Name of the organiza	ation AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.
52-1563958	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	35 SOC FOR THE PSYCHOLOGY OF WOMEN
52-1563959	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	40 SOCIETY FOR CLINICAL NEUROPSYCHO
52-1563963	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	41 AMERICAN PSYCHOLOGY-LAW SOCIETY
52-1563968	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	44 SOC FOR PSYCH STUDY OF SEXUAL ORIE
52-1563972	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	45 SOC FOR PSYCH STUDY OF CULTURE
52-1563989	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	01 SOCIETY FOR GENERAL PSYCHOLOGY
52-1563991	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	02 SOCIETY FOR THE TEACHING OF PSYCH
52-1563997	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	12 SOCIETY OF CLINICAL PSYCHOLOGY
52-1563998	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	13 SOCIETY OF CONSULTING PSYCHOLOGY
52-1563999	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	15 EDUCATIONAL PSYCHOLOGY
52-1564000	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	16 SCHOOL PSYCHOLOGY
52-1564001	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	17 SOCIETY OF COUNSELING PSYCHOLOGY

Schedule Q (Form 9		Page 2
Name of the organiza	•	Employer identification number
GROUP RETUR	N	54-1572590
52-1564004	AMERICAN PSYCHOLOGICAL ASSOCIATION INC	•
	19 SOCIETY FOR MILITARY PSYCHOLOGY	
52-1564014	AMERICAN PSYCHOLOGICAL ASSOCIATION INC	
	22 REHABILITATION PSYCHOLOGY	1
	22 KBIRDIBITATION TOTOMODOGI	•
52-1708874	AMERICAN PSYCHOLOGICAL ASSOCIATION INC	·
		•
	42 PSYCHOLOGISTS IN INDE PRACTICE	
E2 2160404	AMERICAN PSYCHOLOGICAL ASSOCIATION INC	
52-2100404	AMERICAN PSICHOLOGICAL ASSOCIATION INC	
	53 SOC OF CLIN CHILD & ADOLESCE PSY	
53-0105890	AMERICAN PSYCHOLOGICAL ASSOCIATION INC	1
	CA COCLEMY OF PROTAMOTO DOVING	i
	54 SOCIETY OF PEDIATRIC PSYCHOLOGY	!
62-1338029	AMERICAN PSYCHOLOGICAL ASSOCIATION INC	;
	38 SOCIETY OF HEALTH PSYCHOLOGY	f
	AMERICAN POVOVO COLON, ACCOUNTANT ON TWO	
//-0250/18	AMERICAN PSYCHOLOGICAL ASSOCIATION INC	•
	48 SOC STUDY PEACE CONFL & VIOL PEA	·
90-0288490	AMERICAN PSYCHOLOGICAL ASSOCIATION INC	•
		•
	56 TRAUMA PSYCHOLOGY	1
91-1436109	AMERICAN PSYCHOLOGICAL ASSOCIATION INC	
71 1100107		
	50 SOCIETY OF ADDICTION PSYCHOLOGY	

ATTACHMENT	' '1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AMC SOURCE	MANAGEMENT FEES	195,204.
631 US HIGHWAY 1, SUITE 400		ı
NORTH PALM BEACH, FL 33408		•
		1
AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.	MEMBERSHIP SERVICES	125,660.
750 FIRST STREET, NE		•
WASHINGTON, DC 20002		

Name of the organization GROUP RETURN

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

54-1572590 ATTACHMENT '2

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
ADMINISTRATIVE SERVICES	503,918.		503,918.	
EDITORIAL SERVICES	194,729.	194,729.		
OTHER	193,274.	75,268.	118,006.	
TOTALS	891,921.	269,997.	621,924.	